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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending, physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after reather.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1592	20	C	ERTIFICATI	OF DEATH		15922
PLACE OF DEATH O. COUNTY M	ontgomery		MARYLAND	2. USUAL RESIDENCE (W	trict of Column	ion: Residence before odmission)
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH C	OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RU	RAL and give nearest town)
Bethesd	a (Rural)	12 da	vs	Washingto	on	47.3
	ITAL OR INSTITUTION (If not in			d. STREET ADDRESS		e. IS RESIDENCE
Naval H	ospital			3503 Nor	thampton St.	N.W. ON A FARM? YES NO S
3. NAME OF DECEASED	First	Mi	ddle	Lost	4. DATE Mont	
(Type or print)	Mary	Roe		NEELY	DEATH Nove	ember 24 19 66
S. SEX	6. COLOR OR RACE 7	. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
Female	Cauc.	WIDOWED	DIVORCED [Oct. 8, 1911	Jost birthdoy) 55 yrs.	months boys floors min.
during most of workin	ON (Give kind of work done g life, even if retired)	10b. KIND OF BUSINE INDUSTRY	SS OR		State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi 13. FATHER'S NAME	re			Akron Oh:	AMC	USA
Mark W.	Roe, Sr.				n Daugherty	5 6
(Yes no or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURI 577-10-			., N.W. Washth	ngton, D. C. N. 3503 Northamp-
Conditions, if on rise to immedia stoting the und lost.	te couse (o),	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ALION						PERFORMED? YES NO
OR CONTRIBUTIN	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW I	NJURY OCCURRED.	(Enter nature of injury in P	Port 1 or Port II of item 1B.)	
P	.m. 19	20d. INJURY OCCURR While Not Wh of work of wor	ile 🔲 foc	ICE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (State)
21. I cert	t ify that (I) (this hospit deceased alive on NC	ol) attended the de	ceased from_1 6, and the	Nov. 12 , 19 at death occurred at	9 <u>66</u> , to Nov 21 1035AM, from causes	+ , 19 <u>66</u> , that (t) (we) la and on the dote stated abav
220. SIGNATUR	albert (1	Shwor	# M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED Nov. 25, 1966
22c. PHYSICIAN NAME (Typ	Halbert E	. Ashwort	h	Naval Hos	pital, Bethes	da, Md.
230. BURIAL, CREMAT REMOVAL (Speci		66 Arli	of cemetery or ngton Na	CREMATORY	23d. LOCATION (City or To Arlington, V	wn) (County) (Stote)
24. FUNERAL DIRECT	OR Joseph Gavl	er & Sons ADD	RESS D		and (EGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

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VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15921 15923 OF DEATH CERTIFICATE

1	a. COUNTY				E (Where deceased lived, If in		nce before admission)
ı		gomery	MARYLANI	a. STATE Mar	yland b. cou	Mont	gomery
	b. CITY OR TOWN (If o write RURAL and gi	utside corporate limits, lve nearest town) Spring	c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and	give nearest town)
1		OR INSTITUTION (If not in ho	spital, give street addre	d. STREET ADDRESS			e. IS RESIDENCE
	Holy Cr	coss Hospital		301	Mount Vernon		YES NO X
	3. NAME OF DECEASED (Type or print)	First Baby Boy	Middle	Last leiderhouse	4. DATE Mont	ember 8,	ay Year 19 66
ľ		DLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	19. AGE (In years	LIF UNDER 1 YE	AR IF UNDER 24 HRS.
		White WIDDWED	DIVORCED [11/7/66	yrs.	Months Days	21
1	1Da. USUAL OCCUPATION (G during most of working life	lve kind of work done 10b. Ki e, even if retired)	IND DF BUSINESS OR IDUSTRY	11. E.RTHPLACE (C	ounty & State, or foreign countr land	12. CITIZE COUNT	N OF WHAT RY?
	13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME		
1				Vicki	S. Neiderhous	se	
1	15. WAS DECEASED EVER IN (Yes, no, or unkown) (If yes	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	Addre	ess	
ı	(165) Ho, or annown, (11) cs	gire was of dates of service/		Chart			
		[Enter only one cause per II	ne for (a), (b), and (c).]			IN	TERVAL BETWEEN NSET AND DEATH
1	PART I. DEATH W	AS CAUSED BY: IEDIATE CAUSE (a) Imm	ature birth	(340 gms) neo	natal death		
1	776 X	DUE TO					
	Conditions, If any, w						
	cause (a), stating	the DUE TO					
	underlying cause last.	:) (c) ICANT CONDITIONS CONTRIBU	TIME TO DEATH DUTNOT	DELATED TO THE TERMINAL	DISEASE CONDITION CIVEN II	NDADT 1/a) 1	9. WAS AUTOPSY
	ПСАТІ		TING TO DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN II		PERFORMED? YES X ND
	OR CONTRIBUTING (IF EITHER, NOTIFY M	NDERLYING 2Db. D CAUSE OF DEATH EDICAL EXAMINER)	ESCRIBE HOW INJURY O	OCCURRED. (Enter nature o	f injury in Part i or Part II	of item 18.)	
	20c. TIME OF INJURY Hour a.m. p.m.		NJURY OCCURRED 20e. Not While fat work	PLACE OF INJURY (Home, fa actory, street, office bldg., e	arm, 20f. (City or town)	(County)	(State)
1	21. Vertify that	t (I) (this hospital) attende					that (I) (we) last
	saw the deceased	lalive on / /	19, and	that death occurred at_	M, from the causes		
	22a SIGNATURE	allAtt	Total 200	ATTENDING -	MED STAFF	22b. DATE	8/66
	/22c/ PRYSICIAN'S	40 X MICH	(deani)	M.D. PHYS.	DIRECTOR PHYS.] 11/	0700
		Salvatore Batti	ata, M.D.	1000 Leba	non Street, Si	lver Spr	ing, Md.
	REMOVAL (Specify)	11/15/66	Gate of	eaven	23d. LOCATION (City, Silver S		
	Burial 24. FUNERAL DIRECTOR	11/1/00	1ADDRESS Rock		C'D BY REGISTRAR 25b.	REGISTRAR'S SI	GNATURE
1		er Funeral Hom			NOV 1 6 1966		es Judge
S. 1	-					-11	

Montgomery

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Salvatore Mattinte, M.D. 1000 Lebenon Strut, Billver Boring, Mil.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15924
CERTIFICATE OF DEATH

		OLK III IOATE	OI DEATH		10001
1.	PLACE OF DEATH MONTGOME.	RY COUNTY	a STATE	(Where deceased lived, If institution b. COUNTY	on: Residence before admission)
	wieaten i wullend.	MARYLAND	1. Crail	and b. oodin	ici à orec.
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RU	IRAL and give nearest town)
	Cuton.	2 4re	Wheaton		15.1
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, gir street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
ke	nsington four on housing I ome	•	3000 1 c Com	as rive, Meaton.	YES NO
3.	NAME OF First	Middle	Last	4. DATE Month	Oay Year 77
	OECEASED (Type or print)			OF DEATH 11/13/66	19
5.	SEX 6. COLOR OR RACE 7. MARRIEO [NEVER MARRIEO 8	. OATE OF BIRTH		OER 1 YEAR FUNOER 24 HRS.
	WIOOWEO I	OIVORCEO	9/26/1892	last birthday) Mont	hs Oays Hours Min.
102	. USUAL OCCUPATION (Give kind of work done 10b. KIN	NO OF BUSINESS OR	11. BIRTHPLACE (Cou		2. CITIZEN OF WHAT
dur		OUSTRY	Jash D.C.	1//	COUNTRY?
13.	FATHER'S NAME	J. yov't	14. MOTHER'S MAIDE		0.0 0/10
	nustin Sear Hoel		Famile S		
15		OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service)	, /			EM NO
		171-6	telli ohi	les 4501 5th St.	11.0060
	18. CAUSE OF OEATH [Enter only one cause per lin	of for (a), (b), and (c).]	1	- 0 1	ONSET AND DEATH
Ų.	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	bral was	was acc	udeel	1-14-6-
	4221 OUE TO A	. 0	1	0	
	Conditions If any which \	was polarent	1 0 -V	Lucas	10 440
	gave rise to immediate	A CONTRACTOR	1	0	
	underlying course lost	acadeal co	2 Viorens	a Caran.	20 100
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL OI	SEASE CONDITION GIVEN IN PART	
ATI					PERFORMED?
IFIC	200 ACCIOENT WAS UNIOFPLYING ET	FOODING HOW IN HIDY COOLS	DDEO (Enter neture of I	Infrary In Dart I or Dort II of Iton	YES NO
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING ☐ 20b. OF OR CONTRIBUTING ☐ CAUSE OF	SCRIBE NOW INJURY OCCUP	KREO. (Enter nature of i	injury in Part I or Part II of Item	110.)
		JURY OCCURRED 20e. PLAC	E OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	factor	y, street, office bldg., etc)	
ME	p.m. 49 at work	Not While at work			
31		d the deceased from			9 6 6, that (I) (we) last
	saw the decrase alive on 11/13	1966_, and that	death occurred at	M, from the causes and	
	22a. SIGNATURE		ATTENOUNG /N	22b	11/
	17) 1 / 000	7 м.о.	ATTENOING M	EO. STAFF PHYS.	11/13/66
	22c. PHYSTCTAN'S NAME (Type)		22d. AOORESS	11000	100 0
	NAME (Type) CO. T. Ar	leuzburg	1852 1	6-54 100	Work 12 DC
238		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
	Buriel 11/16 166	lock (re. k Cene	tevi	ast is ten.	C
24	FUNERAL DIRECTOR	AODRESS	25a. REC'	O BY REGISTRAR 25b. REGIST	
Y	I.h. Juntemary & Son Funeral	5/22 year way	OATE NO	V 1 6 1986 gold	arles Judge
-	- Unenut	71 (201 a)	1 ONTE	10 10 10	9 9

VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 . 1		15923	Item 2.	CERTIFICA	TE OF DEATH	mh	15923	5	
funeral l and ter deat	1.	o. COUNTY Montgomen	/	MARYLAND	a. STATE Mary	igna	Montgom	ery	
by the S. Page: haurs af	1	b. CITY OR TOWN (If outside corporate limit write RURA) and give nearest tawn)		9days 14415/25	in Silvers	itside corparate limits, write RU	15.1	ESIDENCE	
filled ir papers thin 72	Y	d NAME OF HOSPITAL OR INSTITUTION (IF IN LASHINGTON Sanitary) NAME OF	im Hos	pitaL Middle	d. STREET ADDRESS	enney Ave.	ON / YES	A FARM?	
npletely e carbar vent, wi		DECEASED (Type or print) SEX 6, CQLOR OR RACE	V	ROSE (Donnell Sure BIRTH	OF NOVEM 9. AGE (In years	ber 27.	Year 19 46 IDER 24 HRS.	
and car remay in any e	10:	emale White D. USUAL OCCUPATION (Give kind of work dane ging mask of warking life, even if retired)		D OF BUSINESS OR	HUAUST 4, 18	296 70 yrs. & State, ar fareign country)	Months Days Hau 12. CITIZEN OF WHAT COUNTRY?		
hysician n please val, and	IH	FATHER'S NAME	IND	USTRY	14. MOTHER'S MAIDEN	NAME	COUNTRY	S.H.	
icate has been signatured by the attending physician and campletely filled in by the funeral fact use as the burial-transit permit. Then please femave carbon papers. Pages 1 and 2 Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after deather the contraction of the	1S (Y	WM. I E b b S WAS DECEASED EVER IN U.S. ARMED FORCES? es, np, pr unknown) (If yes give war ar dates		OCIAL SECURITY NO.	INFORMANT HOS NIHAL D	Donald Son	n oo Carroll t	740	
the attensit perr matian,		18. CAUSE OF DEATH (Enter only one col PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(1)	a), (b) find (c).) Theo	whoris he	acresi	INTERVAL	BETWEEN DYATH	
gned by urial-tra		Conditions, if any, which gave rise to immediate cause (a),		Myocar	scardial Alexaner Hypertenen				
been si s the b riar ta b		stating the underlying cause lost.	(c) Alle	whether here	letus	7/	196	UTORCY	
ate has	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C				Port I or Port II of item 18.)	19. WAS A PERFO	RMED? NO	
s certificate ached far u ept. af Heal		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year		/	LACE OF INJURY (Hame, farn		(County)	(State)	
After this d be detac e State Dep	MEDICAL	Haur o.m. 19 21. I certify that (4) (this has	While at work	Not While of work	octory, street, affice bldg rett.		6, 1966, that (I)		
shauld with the		saw the deceased alive an	SIA		ATTENDING ATTENDING	MED. STAFF			
FUNERAL DIRECTOR: After this certification, page 3 shauld be detached shauld be filed with the State Dept. af		22c. PHYSICIAN'S NAME (Type) + GW and	T, 1010.	rse	M.D. PHYS. 22d. ADDRESS / 03 Carr	DIRECTOR LI PHYS. L	sa Penh M	w.	
TO FUNE director shauld	23	D. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 11-3	EREOF	23c. NAME OF CEMETERY C	ACTION LOW	23d. LOCATION (City or To	rine Ma	(State)	
VR A15 (4) 20 M 1/66	2	4. FUNERAL DIRECTOR Laculery	ou 6	ADDRESS ADDRESS			EGISTRAR'S SIGNATURE	dge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE		15924	MEDICAL EXAMINE	R'S	CERTIFICATE O	OF DEATH		15926
HEALTH	DEPT		PLACE OF DEATH a. COUNTY			O STATE	Where deceased lived, if institution b. COUNT	IY.	· · · · · · · · · · · · · · · · · · ·
delay is and 3 ta M3. Page		-	Montgomery CITY OR TOWN (If autside carparate limits,	MARYLAN			yland	Yont goi	MERY
2, and PM3.	de de		write RURAL and give regress tawn). Bethesda (rural)	c. LENGTH OF STAY IN 1	D		utside corparate limits, write RURA	IL and give nec	arest fown)
A D W	art			32 min.		Bethesd	ia		15.1
	S a		NAME OF HOSPITAL OR INSTITUTION (If not in			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
es 1, farm	e State Department 72 haurs after dea		Naval Hospital (B	ethesda)		2616 Es	ast West Highwa	У	YES NO
ath Pag ith	Sta 2 h		NAME OF First	Middle		Last	4. DATE Month	1	Day Year
after death. If 8. Give Pages 1, alang with farm			DECEASED Type or print) Charles	Abraham		PARK	OF DEATH Novem	ber 8	19 66
fter Giv	毛毛	S.	EX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	TE	B. DATE OF BIRTH	9. AGE (In years		AR IF UNDER 24 HRS
	pages land 2 with the in any event within		Male Cauc	WIDOWED DIVORCED		Nov. 30, 188	B2 83 birthday)	Months Day	ys Hours Min.
24 haurs in Item 18 r's Office o	P -	10a	USUAL OCCUPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (State		12. CITIZEN	OF WHAT
24 h in It	× e	dur	na most of working life, even if retired) Civil Engineering	INDUSTRY		Ohio		COUNTR	USA
n 2 il ir	an		FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	1	OUR
nauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's	e . E	L	Thomas Park			Luella Jo	ndon		
Exc	File	15.	WAS DECEASED EVER IN ITS ARMED FORCES?	16. SOCIAL SECURITY NO.	17 1		Bethesda, Address	M-m	-3 2
al : E	burial-transit permit. matian, ar remaval,	(Ye	s, no, ar unknawn) (If yes give war ar dates af se	267 50 9363		4	ocolle bud,	A LOCAL	yland
din	a burial-transit permit. crematian, ar remaval,	\vdash			TA.	ms. Maude I	. Park, 2616 E	ast wes	INTERVAL BETWEEN
be e. pen	sit le		1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	Commence de susses	101	enour coute		-	ONSET AND DEATH
d b	ran		IMMEDIATE CAUSE (a)	Coronary Insurr	TGT	ency, acute			попт
aulo var	ian ian		#201 DUE TO Canditians, if any, which gave)	G31					
e sh he v	bur		rise to immediate cause (a)		Q1	sease		ye	ears
ate d t	e e		stating the underlying cause DUE 10						
ertificate sh writing the rwarded to 1	al, a		last. (c)						
	used as burial,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED	D TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED?
	be t	CERTIFICATION							YES NO X
	should t	RTIFI	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DESCRIBE HOW INJURY OCCUI	RRED. ((Enter nature af injury in	Part I or Part II af item 18.)		
INER: e certifi shauld	hou Pr	1 CE	CAUSE OF DEATH.						
	ge 3 should be agent, priar to	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.			CE OF INJURY (Home, farm ary, street, affice bldg., etc.)		(County)	(State)
A + e +	age	ME	p.m. 19	While Nat While at wark at wark	racio	ary, street, drince bidg., etc.)	/		
L EXA ecute Page	red Py		21. I certify that I taak charge of	of the remains described above	e, hel	ld an Autapsy 🗍	Inspection 🔀 . Inqui	ry X, c	and in my apinia
exe exe	and and		death resulted fram: Natural						,,
ect ect	esiçe					CHIEF MEDICAL			
MED.	DI D		ACTUAL SIGNATURE John). Ball				/	22. DATE SIGNED
TY.	ZAL Sr ji		EVA MINERIE			DEPUTY MEDICA	OICAL EXAMINER [] 19/9	166 -	
necessary, please ex the funeral director.	S T S		NAME (Type) John G. Bal	1, M.D.		Address (Street	t, city, tawn, or county)		
ece an	E 2 I	230	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETER	y OR (23d. LOCATION (City or Tow	n) {Cau	inty) (Stote)
01 L T T	o may be retained for your in the things of		RESERVE 11-12-		n Na	ational	Arlington, V		
		24		ler Funeral Millome		2Sa. REC'T	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNA	TURE
VR A	A15ME (5) M 1/66	5	130 Wisconsin Ave.,		D.0	C. MIEV	1 8 1966 Hell	arles &	udgen

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John C. bell, 11.D.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15925
CERTIFICATE OF DEATH
15927

1.	PLACE OF DEAT a. COUNTY Montgome			MARYLAND	2. USUAL RESIDEN	nstitution: Resid	dence before admission)	
	write RURAL	N (if outside corpora apd give nearest to VIIIe	ite limits, vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits, w		
		SPITAL OR INSTITUTION PROPERTY OF A SPITAL OR INSTITUTION PROPERTY OR INSTITUT		ospital, give street address	d. STREET AOORESS 17100 Overh			e. IS RESIDENCE ON A FARM? YES NO A
3.	NAME DF DECEASED (Type or print)	EARL	irst	Middle W. P	Last ARKER	4. DATE Mon	th ber 1,19	Day Year 966 19
	sex Male	White	WIDOWED	NEVER MARRIED DIVORCED	8. OATE OF BIRTH 7/13/96	9. AGE (In years last birthday) 70 yrs.	Months Da	EAR IF UNDER 24 HRS ys Hours Min.
10 du	a. USUAL OCCUPA ring most of work Ret.	TION (Give kind of work Ing life, even If retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or foreign counts	COUN	ZEN OF WHAT ITRY? SA
13	John 1	W. Parker			14. MOTHER'S MAI		12.61	
1! (Y	5. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	ORCES? 16. of service) 408		INFORMANT lma M. Parke	Address - Item# 2	BSS	
CERTIFICATION	PART I. 0 Cenditions, If gave rise to cause (a), s underlying cau: PART II. OTHER:	EATH WAS CAUSED BY IMMEDIATE CAUSE I DUE any, which immediate tating the se last.	(a) C TO (b) C TO (c) PC PONS CONTRIBUTE FOR N 1	ORONARY A. WHE VENTR, UTING TO BEATH BUTNOT REI THIM ON	PRTARY SACULAR DAR ATED TO THE TERMINAL PRY EX	BUSIS DISEASE CONDITION GIVEN II EMAYSE MA OPINIUTY IN PART I OF PART II	N PART 1(a)	NTERVAL BETWEEN ONSET AND DEATH 3 /10 apc 5-20 yrs. 30-1/1/1/1/2 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
MEDICAL C		INJURY Month, Oay, m.		Not While fact	ACE OF INJURY (Home, ory, street, office bldg.,		(County	r) (State)
~	21. I certificate saw the de 22a. SIGNATU	ty that (I) Athin tos ceased alive on RE	Nov. 1	ed the deceased from	at death occurred at ATTENDING PHYS.	MEO. STAFF PHYS. Contg. Ave., Roc	22b. DATE 11/1/	SIGNED 66
	a. BURÎAL, CREM U r ^{REMOVAL} (SP.	MATION, 23b. DATE 11/2/		23c. NAME OF CEMETER Woodlawn Mem	orial Park	Nashville,	Tenn.	
24	Typungalwire	eler Funer		e-1331 Rockvil cville, Md.	re brke	NOV 3 1966		les Judge

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FOR STATE HEALTH DEPT. delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages fland 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 moy be retoined for your files.

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

		15926	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	15936
		PLACE OF DEATH a. COUNTY Manlyone	MARYLAND	Marsha	nd 399	nlarmeres
		b. CITY OR TOWN UP outside carporate limits, write RURAL and give nearest town	c. LENGTH OF STAY IN 16	Kuck	tside carparate limits, write RUF	15-1
0	_	a. NAME OF HOSPITAL OF INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	narla l	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) SEX 6. COLON OR RACE 7.	Middle)	Lost	4. DATE Mont OF DEATH //	h Day Year 19 CC I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
		1 7/1	MARRIED NEVER MÄRRIED NUMBER MÄRRIED NUMBER NEVER MÄRRIED NUMBER MÄR MÄRRIED NUMBER MÄRRIED NUMBER MÄRRIED NUMBER MÄRRIED NUMBER MÄR MÄRRIED NUMBER MÄRRIED NUMBER MÄRRIED NUMBER MÄRRIED NUMBER MÄR MÄRRIED NUMBER MÄRRIED NUMBER MÄR MÄR MÄR MÄR MÄR MÄR MÄR MÄR MÄR MÄ	B DATE OF BIRTH 11. BIRTHPLACE (State	1903 Last birthday) yrs.	Manths Days Haurs Min.
	duri	Ing nost of working life even if retired) FATHER'S NAME	INDUSTRY	Mary J	land.	COUNTRY?
	15.	Henry Frathe WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITÝ NO. 17.	Evely INFORMANT	n Marti	2055
	(Ye	es, no, or unknown) (If yes give war ar dotes of ser	de	elores Crute	afield -	ance as #2
		PART I. DEATH WAS CAUSED BY: SR / / IMMEDIATE CAUSE (a) _ DUE TO		eis liver,	severe	ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause DUE TO (c)	Chronic alcohol	lism		Years.
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
	A CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature af injury in I	Part I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While at wark fa	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.)		(County) (State)
		1. I certify that I taok charge at deoth resulted from: Natural co		icide, Homicide	, Undetermined m	piry 🔀 , and in my apinian anner 🗌
		ACTUAL SIGNATURE John 15 EXAMINER'S	Bell.	CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EVALUED TO A . /	22. DATE SIGNED
,		NAME (Type)			, city, town, or county)	
1		BURIAL, CREMATION, REMOVAL (Specify)	166 Lincolr	Park	23d LOCATION (City or To	& Monta Md.
3	24	FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15927

CERTIFICATE OF DEATH

15928

		PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STAYARYLAND b. COUNTYTGOMERY							
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA							
		BETHESDA, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE							
0		RESMOR SANITARIUM & HOSPITAL	7102 Exfair Road YES NO E							
No.		NAME OF DECEASED (Type or print) James Rea Middle Pa	Hison, de November 3 19 66							
	S. :	THE	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.							
8		MALE WHITE WIDOWED DIVORCED	26 Jan. 1890 76 yrs. Mollins Doys Hours							
	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Patent Attorney	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Weade Kansas 13. CITIZEN OF WHAT COUNTRY?							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		William Rea Pattison	Nellie Stivers							
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give wor or dotes of service) 577-09-7775	Mary Alice Pattison - See Item #2							
		18. CAUSE OF DEATH (Enter only one couse of line for (a) (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lar apaident 30NSET HOOFATH							
		Conditions, if ony, which gove) DUE TO CEVEDY A TEXTOSCLEVES S. ?								
		rise to immediate couse (o), stating the underlying couse lost.								
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO							
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)							
	MEDICAL		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)							
			t death accurred at 300 M, fram causes one on the data stated abave.							
		220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF 22b DATE SIGNED 1 22b DATE SIGNED 1 22c DIRECTOR PHYS. 22b DATE SIGNED 1								
/		22c. PHYSICIAN'S CHORGE A GRANTR	W 22d. ADDRESS AN 49 CHASE ARIVE							
	230	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BURIAL Specify) 11-8-1966 Arlington								
(24	FUNERAL DIRECTOR LOSEDIA GAWLER & ADDRESS ROMS	256. REGISTRAR 256. REGISTRAR'S SIGNATURE							
		were a halfa diseller	Kullwar NOV 1 1 1966 Pelianles Judge							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar remavel, and it any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, end in eny event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15029

15528	GERTIIICA	IN VI DIA!		19369			
1. PLACE OF DEATH		2. USUAL RESIDEN		titution: Residence before edmission)			
Montgomery	MARYLAND	e. STATE	b. COUNTY	1			
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	Virginia c. CITY OR TOWN (If outside corporate limits, write RI	URAL end give neerest town			
write RURAL and give nearest town)		77					
Gakthersburg	2 yrs.5mo	Hamilton		A 5 5			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, giva street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?			
Asbury Methodist Home				YES NO X			
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer			
(Type or print)	Tavenner	Peugh	DEATH November	6 19 66.			
5. SEX 6. COLOR OR RACE 7. MARRIEI	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF				
		July 14 1884	lest birthdey)	Aonths Deys Hours Min.			
TOMATO HILLOO	IND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPI ACE (Cour	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)	J. Dourton Ok Habonk			U.S.A.			
			Virginia	0.001			
13. FATHER'S NAME	FACE HOLD TO BE	14. MOTHER'S MAIDEN	NAME				
James Braden Peugh		Ella Tave	enner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivewarordetesofsarvice)	31-62-1884A	NFORMANT	Address				
(17 San Anni of Caragon and Anni of Caragon and Anni	-)1-02-100HA	Asbury Ho	me Records.				
18. CAUSE OF DEATH [Enter only one cause per	ine for (e), , and (c).			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY	Dande an	masi &	As mulesia	ONSET AND DEATH			
IMMEDIATE CAUSE (a)	secret cor	- way	- conversor	1 cong.			
DUE TO	11.01 1. 11.	2 milas	calmeria	20111			
Conditions, if eny, which geve rise to immediate cause	nercuseu	cerperu	18666161811	70 913-			
(a), steting the underlying DUE TO	/						
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	I IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
THE STATE OF THE S				YES NO			
200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Pert I or Pert II of item 18.)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20- THE OF INHIBY HEAT ON YOUR LOOK	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fern	n, ! 20f. (City or town)	(County) (State)			
Hour a.m. While	Not While fector	ory, street, office bldg., atc					
E p.m. 19 at work	k at work	13/1/1/	1 / /	/			
	ded the deceased from		19 to f. l. f. l. f. l. l. l.	26 19, that (I) (we) last			
saw the deceased alive on	6 9.19 and that	death occurred at 0.	S.M. from the causes and	d on the date stated above.			
22a. SIGNATURE	16.	AMENDING	MED. STAFF	22V. DATE SIGNED			
Jelle !	RESULCED RE		DIRECTOR PHYS.	11/6/66.			
22c. PHYSICIAN'S	10	22d. ADDRESS		1			
NAME (Type) Henry Scruggs	. M. D.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stete)			
-REMOYAL_(Specify)		0					
	Lake View	7 25a, REC	Hamilton	Virginia TRAPIS SIGNATURE			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	sender CA	2	2/ / 0			
Ernest C. Cartner	7000-4	DATE	UV 1 0 1966 K	Marley Judge			

VR A15 (4) 20M 5-63

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	NAME OF DECEASED		irs1	Middle		Lost	4. DATE OF	Month	Do	
	(Type or print)	H	thel	M		Piet	DEATH	11	9	19 66
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9.		Ionths Doys	Hours Min.
	Female	W	WIDOWED	DIVORCE		11/26/06	K 05	60 yrs.	lollins Doys	110013 Mill.
10o duri	ng most of working	N (Give kind of work done life, even if retired)		OF BUSINESS OR JISTRY		11. BIRTHPLACE (Sto		intry)	12. CITIZEN O COUNTRY	?
10	None					Baltimore	Md.		U.	S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDER	NAME			
		I. Aksphiens		phens		ANNO Mae				
15. (Ye	was deceased eve s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. SO	CIAL SECURITY NO.			sband	Address Sa	me	
) H	arry Piet	A			TERLIAN DETAILER
	PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY:	1 11 0), (h) (and (c).)	122	mary.	In s	Deicio		TERVAL BETWEEN NSET ANO DEATH
	4201	IMMEDIATE CAUSE		- 1	2	11		7//)		
	Conditions, if ony		(b) ESS	entra	L.	Hetter !	ensi	026	0	
	rise to immediat		1 /			(11)				
	stoting the unde	riving couse	(c)			0 0				
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN	I IN PART 1(o)		WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of injury i	n Port I or Port	II of item 18.)		A
PICA	20c. TIME OF INJI	URY Month, Doy, Yeor	1	JRY OCCURRED	20e. PL	ACE OF INJURY (Home, fo	rm, 20f.	(City or town)	(County)	(Stote)
W.	p.r	1.0	ot work	Not While of work	TO	tory, street, office bldg., et	(c.)			
	21. I certif	y thot I took chorg	e of the remo	ins described a	bove, h	eld on Autopsy	, Inspectio	n), Inquiry	One one	in my opinion
	death result	ted from: Noture	ol couses	Accident	, Sui	cide , Homicid	e . Un	determined mon	ner	
		1100	7	///	1	CHIEF MEDICA	AL EXAMINER [
	ACTUAL SIGNATURE	Lelder	1/9	Say			EDICAL EXAMINE			22. DATE SIGNED
	EXAMINER'S NAME (Type)	BELDEN	RI	REAP	MI	D, Address Stre	CAL E AMINER	or county) Paul	791	1966
230	BURIAL, CREMATIC		EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOC	ATION (City or Town)	(County	(Stote)
	REMOVAL (Specify Buria	1 11-1	2-66	New (Cath	edral Cem	Bal	Ltimore,	Md.	Part of the
24	FUNERAL DIRECTO	OR .	٦ ،	ADDRESS	Bal	629 250. RE	D BY REGISTRA	IR 25b. REGIST	TRAR'S SIGNATU	RE
L.	elske -	temerach.	erector	410/Edm	Cornet	con aux DATAIS	W 1 A	1968 PCL	carles S	udge
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VR A15ME (5) 6M 1/66

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TO DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15930 CERTIFICATE OF DEATH Fond 2 be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funerol o. COUNTY o. STATE MARYLAND 65 CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by the hours write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDR hin 72 ! ON A FARM? YES \ NO P carbon 3. NAME OF DATE First Middle Doy Year Lost completely DECEASED OF DEATH (Type or print) dny event, S SEX AGE (In years YEAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED regnove last birthdoy) Months WIDOWED DIVORCED pup 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) .= pleose during gnost of working life, even if retired) INDUSTRY COUNTRY? physicion requires that the death certificate Houselike 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, openknown) (If yes give wor or dotes of service Same actt2 Pittman cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriof-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 KULPS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ICCM - PROGRESSIU rise to immediate couse (o), **DUE TO** stoting the underlying couse as the prior to hos been RTERIOSCHEROSIS lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Health | NO by the hospital or this certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 0 TO FUNERAL DIRECTOR: After of work of work 21. I certify that (1) (this haspital) attended the deceased fram. , 1956, to sel 140 V., 19 66, that (I) (we) last pluods Vo V1966, and that death accurred at 4.5 A.M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF DIRECTOR 120/66 M.D. PHYS. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S H Wolfe NAME (Type) 905 SHERUNA YATTSVILLE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL, CREMATION (Stote) REMOVAL (Specify) Manon mo CL 2San REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

DATE

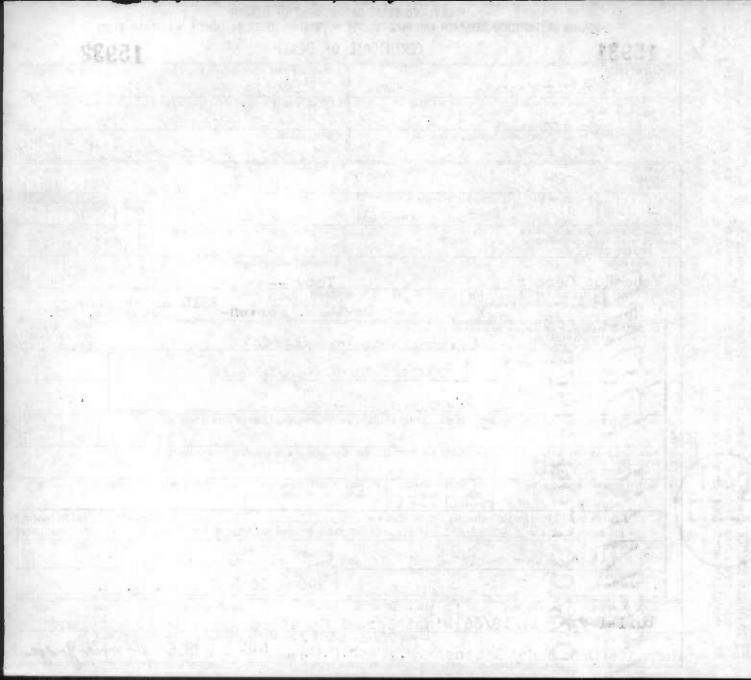
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IVI	1	15931	CERTIFICATE OF	DEATH	15932
attending physician and completely filled in by the funeral permit. Then please remave carban papers. Pages 1 and ian, ar cernoral, and in any event, within 72 hours after death	T.	PLACE OF DEATH O. COUNTY Montgomery		TATE Maryland b. COUL	
by the Pages ours aft		b. CITY OR TOWN (If autside constrate limits, write RURAL and give thearest town)	ngth of stay in 16 c. CITY 2 days	OR TOWN (If autside arporate limits, write RUI	15:1
papers.	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give str	eet oddress) d. STR	6901 mark	e. IS RESIDENCE ON A FARM? YES NO
letely fi arban nt, with		NAME OF DECEASED (Type or print) DORA	Middle PoR	Last 4. DATE Mant TEN OF DEATH NO	V 17 1960
d comp emave any eve		FEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8. DATE	1870 glast birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 H Months Days Haurs M
cian an ease re and in (du	to. USUAL OCCUPATION (Give kind of work done pring most of working life, eyen if retired) Housewife INDUSTR'		RTHPLACE (County & Stote, or Foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
g physi Them pl		Yehoshua Gerber	To	DTHER'S MAIDEN NAME	
attendin ermit. In, ar te	()	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war ar dates af service) 16. SOCIAL		S. Portem-8315 Br	ok Lane thesda, Md.
physician. signed by the attend burial-transit permit burial, crematian, ar	1	11 11 7 11), and (c).) bral vasculor	recident	INTERVAL BETWEEN ONSET AND DEATH
physician. signed by the burial-transit burial, cremati	1	Canditians, if any, which gave nise to immediate couse (a),	reoschusis.	AyportEusion	
		stating the underlying couse (c) Myc	Car Cor Co	erosis	3 days
a c c	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE			PERFORMED? YES NO
		LII LIIILK, NOIII I MEDICAL LAAMINEN		ture of injury in Port I or Part II of item 18.)	(County) (State
d by the haspi After this cert I be detached e State Dept. a	MEDICAL	p.m. 17 at wark	Nat While at work factory, stree	t, affice bldg., etc.)	
		21. I certify that (I) (this haspital) attended to saw the deceased alive on 17 Novamber 22a, SIGNATURE 10 10 10 10 10 10 10 10 10 10 10 10 10	ne deceased fram 19.00., and that death	accurred at 140p. M, from causes	ond an the date stated ab
Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22c. PHYSICIAN'S	۷ 22	ENDING MED. S. DIRECTOR PHYS. C	11/17/66
UNERAL UNERAL ctar, p	23	NAME (Type) A BLA 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY OR CREMATO	3900 16th Street, RY 23d. LOCATION (City or To	
- 2		24. FUNERAL DIRECTOR	nai Israel C	emetery Oxon Hill t. 250. RECTO BY REGISTRAR 250. RE	l, Maryland
VR A15 (4) 20 M 1/66	J. E	Bernard Danzansky & Sons	N.W., Wash.D.	C. DATE NOV 2 1 1966	Icharles Judge



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		15933	CERTIFICATE	OF DEATH	159	34
and and c death		PLACE OF DEATH. O. COUNTY AND THE PLACE OF DEATH.	MARYLAND MARYLAND	2. USUAL RESIDENCE (Where dece	A P COTINEY	e before admission)
by the funeral Pages 1 and aurs after death		b. CITY OR TOWN (If outside exparate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporation)	prate limits, write RURAL and give	
ician and completely filled in by the funeral lease remave carban papers. Pages 1 and 2 and in any event, within 72 haurs affec deaths		d. NAME OF HOSPITAL OR INSTITUTION IF not in		d. STREET ADDRESS 40 H DSERE	rack Davis	e. IS RESIDENCE ON A FARM? YES NO
arban p art, withi		NAME OF First DECEASED (Type or print) DOMAS	Middle (1) AY NE. 7	POWE // 4. DATE OF DEAT	M 1	Doy Year 28 19 66
signed by the attending physician and completely burial-transit permit. Then please remave carbon burial, cremation, or removal and in any event, wi	S.	m / 1.13/	MARRIED NEVER MARRIED 8 NIDOWED DIVORCED	POUSMOSE 27. 1960	9. AGE (In years last birthday) Months yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min
ease re and in c	duri	. USUAL OCCUPATION (Give kind af work dane ing mast af working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	foreign cauntry) 12. CITI COL	ZEN OF WHAT INTRY?
physical phy	13.	Romald D. Pou	ell	14. MOTHERS MAIDEN KAME		PENN
ermit.	15. {Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war ar dotes of sei	. 1	UNIA D. POWELL	Daithers.	burg, me
y the cansit posenatio		1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).) Prematurity			INPERVAL BETWEEN ONSET AND DEATH
gned b urial-tra urial, cr		Conditions, if any, which gave to immediate couse (a),	Resorption A	telectases	ad alleb	
been si s the b iar to b		stating the <u>underlying couse</u> DUE 10 (c)				
use as alth pri	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES K NO
rertifica hed far t. of He	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I			
DIRECTOR: After this certificate has ge 3 shauld be detached for use as lied with the State Dept. of Health pr	MEDICAL	2Dt. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	While at wark facto	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)		
over Aft auld be the St		sow the deceased alive on	al) attended the deceased fram	death occurred at 405	M, from causes and on th	e date stated abave.
DIRECT ge 3 sh led with		22a. SIGNATURE	Alle M.D	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF	TE SIGNED 1/28/66
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	000		. Hollander, M.D.	1110 Spring S	treet, Silver S	
direct shou	I	D. BURIAL, CREMATION, 23b. DATE THEREO Dec 1		National A	COCATION (City or Town) Virgonians Lash Pecistons St	
VR A15 (4) . 20 M 1/66	T	. FUNERAL DIRECTOR yson Wheeler Funeral	Home 1331 Rockvi	lle Pike DEC 1	1956 Fila	GNATURE Judges

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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				William Street
				material state of the
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	to the knihadroid	Zaserector An		
The state of the s				
				Example 1
				- 15 7 FE TO SEL
	The State of the S	Allement L. D.	HE . U THAT I WAS	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15934 CERTIFICATE OF DEATH

1593			CERTIFI	CATE	OF DEATH			13	593	5	
1. PLACE OF DEATH o. COUNTY MC	ontgomery		MARYL	AND	2. USUAL RESIDENCE (V		r con	NTV	e before		
Chevy C	f outside carporate limits, give nearest tawn) Chase		ENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou			RAL ond give	5.1		FUZE
	AL OR INSTITUTION (If not in		treet oddress)		d. STREET ADDRESS 01	ive	r Street		e. YE	IS RESID ON A FA	RM?
3. NAME OF DECEASED (Type or print)	First JAMES	E	Middle DWARD	POV	Lost VERS	4. DAT OF DEA	37	17,	Doy	Уеа 19 6	6
s. sex Male	6. COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	10	9. AGE (In yeors 5 10st birthdoy) yrs.	Months 1	Doys	Hours	Min.
100. USUAL OCCUPATION during most of working Auto-Sal	(Give kind of work done life, even if retired) esman	10b. KIND O INDUST	F BUSINESS OR RY		11. BIRTHPLACE (County New Yor 14. MOTHER'S MAIDEN I	k	r foreign country)		IZEN OF V INTRY?	S.	
	Powers RINUS. ARMED FORCES? (If yes give wor or dotes of s	16. SOCIA	L SECURITY NO. 10-6214	17. II	Cathering Wife Rela R. Po		Same		tem	2.	
	e couse (o),	hr	the de	hy	messiol) meperate	ni	ffry .		ONSE	RVAL BETT	EATH
PART II. OTHER ST	GNIFICANT CONDITIONS CON		ATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE COI	NDITION G	GIVEN IN PART 1(0)		19. V P YES	WAS AUTO PERFORMI	PSY ED? NO 😓
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIE	BE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or	Port II of item 18.)				
20c. TIME OF INJU	JRY Month, Doy, Yeor n. 19	While of work		focto	E OF INJURY (Home, form ory, street, office bldg., etc.	1			inty)		Stote)
	1 Her	naus	the deceased 19 Co. co.	fram_; and that M.C	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTO	R STAFF PHYS.	and an th	the date	stated	
230. BURIAL, CREMATIC REMOVAL (Specify BUTLA) 24. FUNERAL DIRECTO ROBERT	11-21-	66	Arlingt Arlingt ADDRESS hesda.	on 1	Natl Cem.	A	LOCATION (City or Tarlington PISTRAR 1 25b. 1 2 3 1966			nia	tote)

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carabletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10000	CERTIFICATE	OF DEATH	19	331
	PLACE OF DEATH ONTOON	nery MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	sed lived, if institution: Residence b. COUNTY	before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ite limits, write RURAL ond give	neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospitol, give street address)	d. street address	vidson L	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	2 Middle 726K	cell 4. DATE OF DEATH	//- 0	2 Pear 6 6
	F gr w	IDOWED DIVORCED	3-15-94	/d yrs.	Doys Hours Min.
dur	b. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Coupty & Stote, or for		IZEN OF WHAT SA
	FATNER'S NAME COMES CHARLES CHARLES	LES TURCELL 16. SOCIAL SECURITY NO. 17.	MOTHER'S MAIDEN NAME	Fitzgera	eld
(Ye	(If yes give wor or dotes of serv	215-48-2406T Z	SISTER-MRS. OC	2Kman - x	Same INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Anoders ule	er E hamm	Lya	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse lost.				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	The heart failer	re Ce months		19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUR∜OCCURRED.			
MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(City or town) (Cour	
	21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE		t death accurred at 2 p.M		⊈, that (I) (we) las ne date stated abave ntesiGNED /
	220. SIGNATURE De Joseph 1		D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	11/2/66
230	NAME (Type) DI JOSEPH SERVICE SURIAL CREMATION. 23b. DATE THEREOF	KENRICK 1 23c, NAME OF CEMETERY OR		CATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) 4. FUNERAL DIRECTOR	66 MA. Olev	250. REC'D BY REGISTI	Wash,	HC-
-	21. 00 1- 100	1 211.0		1000 Mlan	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and to any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

15937

PARENCORECUM ADM

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remoyar, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15936

CERTIFICATE OF DEATH

15938

	1593	5		CERTIFI	CATE	OF DEATH			159	38
1.	PLACE OF DEAT a. COUNTY					2. USUAL RESIDENCE	E (Where deceases	h COUNTY		./
	Montgom	ery		MARY		a. STATE Marylan	d	St.	Mary's	
	b. CITY OR TOW write RURAL	/N (if outside corporate li and give nearest town)	mits, c. Li	ENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpora	te Ilmits, write	RURAL and give	e nearest town)
	Bethesda			36 Days	5	Chaptic	0		18-	2
	d. NAME OF HO	SPITAL OR INSTITUTION (f not in hospita	l, give street a	ddress)	d. STREET ADDRESS			e.	. IS RESIDENCE ON A FARM?
Tl	he Clini	cal Center, B	ethesda	14, Mar	ylan	d (No str	eet addr	es)		ES ND
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	Hatti	е	Cecelia	1	Quade	DEATH	Nover	mber 13	L 19 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED N	EVER MARRIE	D 8.	DATE OF BIRTH	9. AG	E (In years IF	UNDER 1 YEAR	F UNDER 24 HRS.
Fe	emale	White	IDOWED X	DIVORCE	0 1		1897	68 yrs.		Hours Min.
10a	. USUAL OCCUPA	TION (Give kind of work done ling life, even If retired)	10b. KIND O	F BUSINESS OF	1	11. BIRTHPLACE (C	ounty & State, or f	oreign country)	12. CITIZEN C	F WHAT
	Housewif		1110031			Maryla	nd		US	
	FATHER'S NAM				1	14. MOTHER'S MAIL				
	George	e W. Owens				Agn	es Lacey			
15.	. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16. SOCIA	LSECURITYNO). 17.		Medical			
(Ye		(If yes give war or dates of ser			mla a	Clinical C				brefrm
-	NO CAUCE DE	DEATH [Enter only one ca		one		CIIIIICAI C	enter, b	etnesda		RVAL BETWEEN
П		EATH WAS CAUSED BY:							ONSE	ET AND DEATH
	2	IMMEDIATE CAUSE (a)	Hodgkir	's Dise	ase				72	years
	2011	DUE TO								
	Conditions, If	- (D)								
	gave rise to cause (a), s									
	underlying cau									
0	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	VOTRELAT	ED TO THE TERMINAL I	DISEASE CONDITI	ON GIVEN IN PAR	RT 1(a) 19.	WAS AUTOPSY PERFORMED?
CAT									YES	S NO
		WAS UNDERLYING	20b. DESCR	IBE HOW INJU	RY OCCUP	RED. (Enter nature of	f injury in Part I	or Part II of It	tem 18.)	
CER		ING CAUSE OF DEATH								
100		INJURY Month, Day, Yea		OCCURRED	20e PLAC	E OF INJURY (Home, fa	arm. I 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.			ot While		y, street, office bldg., e		0. 101111,	(000.00)	
ME		m. 19	at work	at work						
	21. I certi	fy that 🛱 (this hospita) attended th	e deceased f	rom 6	October, 1	9 66, to 11	Novemb	erg 66, th	at (A) (we) last
	saw the de	ceased alive on 11 N	ovember	_19_66, a	and that	death occurred at4	:20MAfrdM	the causes an	d on the date	stated above.
	22a. SIGNATU	RE	0			ATTENDING	MED		22b. DATE SIG	
	-duk=	x 37		1	M.D.	PHYS.	DIRECTOR	Tarros Labor	Ll Nov.	
	22c. PHYSICI NAME (T					22d. ADDRESS T				
	TARRIE (1	Herbert E.	Kann,	Jr, MI)	Institute	s of Hea	1th, Be	thesda	14, Md.
23a	BURIAL, CREI	MATION, 23b. DATE THE	REOF 23c	. NAME OF C	EMETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)
1	REMOVAL (Sp	Nov. 14.19	266	Sacre	d Hor	urt Cemeter	11 Bus	hunad.	Manula	nd
24	. FUNERAL DIR	ECTOR		ADDRESS	1150	1 253 BE	Busy Busy Busy	AR 25b REGI	STRAR'S SIGN	ATURE
11	Clarke	Mattinglan	conandi	town Mr	nular		14 1966	your	res Jus	ye.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15937	CERTIFICATE OF DEA	ATH	15939
1. PLACE OF DEATH o. COUNTY MONTGOMER	MARYLAND 0. STATE	IDENCE (Where deceosed lived, if institution: b. COUNTY	mont.
b. CITY ON TOWN (If outside corporale limits, write BURAL and give negrest town)	12days B	WN (If outside corporate limits, write RURAL of	ond give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	al, give street address) d. STREET ADD 55/4	F Johnson Hi	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	H Middle Halston	4. DATE Month OF DEATH	Day Year 66
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWI			UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.
during most of working life, even if retired	INDUSTRY Ten	E (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
momas m. Hod	Iges mother's	EGGRET H	tGER.
1 100	16/SOCIAL SECURITY NO. 17 INFORMANT 208-03-4857	- Busband -	Same
IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Amy	for (o), (b), ond (c).) otrophic Lateral Sclero	sis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove) (b)			3 months
rise to immediate couse (a), stating the underlying couse last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES ← NO
© OR CONTRIBUTING □ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter noture of	injury in Port I or Port II of item 18.)	
Hour o.m. W	1. INJURY OCCURRED and the street of the str		(County) (State)
saw) the deceosed alive on		rred at SE M, from causes and	d an the date stated above
220. SIGNATURE	M.D. ATTENDING PHYS.	DIRECTOR PHYS.	3 Nov '66.
224 PHYSICIAN'S HORACE W. BI	ERNTON	hevy Chase, Mary	
230. BURIAL (REMATION, CREMOVAL (Specify) 11-4-65	23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemato	23d. LOCATION (City or Town) Orv Suitland	(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS 2	2So. REC'D BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE Clianles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1593	8	CERTIFICA	IF OF DEATH		15941
PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	o. STATE	(Where deceosed lived, if institu b. COU	tian: Residence before admission)
b. CITY OR TOWN	(If autside carparate limits.	c. LENGTH OF STAY IN 1b		outside corporate limits, write RU	JRAL and give nearest tawn)
write RURAL at	da (rural)	12 hrs 45 min	Knot	tingham	75-3
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in I		d, STREET ADDRESS	o i i i gradita	e. IS RESIDENCE
The second second	Hospital		Route 2.	Box 216	ON A FARM?
3. NAME OF	First	Middle	Lost	4. DATE Mon	
DECEASED		As the second second second	REUSTLE	OF	iber 15 19 66
(Type or print) S. SEX	6. COLOR OR RACE 7.1	MARRIED NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS.
Female		/IDOWED DIVORCED		off last birthdoy)	Months Days Hours Min.
100 USUAL OCCUPATIO	IN (Give kind of work done	10b. KIND OF BUSINESS OR		y & State, ar foreign country)	12. CITIZEN OF WHAT
during most of working	g life, even if retired)	INDUSTRY N/A		dge, Md.	COUNTRY? USA
13. FATHER'S NAME		1 21/27	14. MOTHER'S MAIDEN		001.
Albert C.	Reportle		Norma Kay	Trout	
1S. WAS DECEASED EV	'ER IN U.S. ARMED FORCES?		. INFORMANT	Addr	ess
(Yes, na, or unknawn)	(If yes give war ar dates af serv	vice) N/A	Hospital Rec	റമ്പ്	
	DEATH (Enter only one couse pe		HOSPICAL MEC	Olub	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	Massive pulme	onomy stales	tocic	ONSET AND DEATH
76	2.0 IMMEDIATE CAUSE (a) _	Massive parm	QUALA ACETEC	VASIS	
Canditians, if an		Hyaline membra	ane disease		
rise to immedia	ite couse (o),				
stating the und	erlying cause (c)				
PART II OTHER S		IBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
MOLI					PERFORMED? YES NO
200. ACCIDENT W. OR CONTROL OF CO	AS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)	1.00
OR CONTRIBUTING	G CAUSE OF DEATH		,	70.7	
	Y MEDICAL EXAMINER) JURY Month, Doy, Year	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, far	m. 20f. (City or town)	(County) (State)
Hour a	.m.	While Not While	actary, street, office bldg., etc		(503.1)
1 P	.m. 19	ot work at work	Nov. 14	166 to NOT 1	5 , 19 66, that (1) (we) las
		v. 15 1966, and the	nat deoth occurred a	t 1245 M, from causes	and on the dote stated above
22q SIGNATURE	1100		ATTENDING	MED. STAFF	22b. DATE SIGNED
12	mot for	esous	M.D. PHYS.	DIRECTOR L PHYS. L	
22c. PHYSICAN	, 4 0	M. D/	22d. ADDRESS	- A1	2 2/2
Jerr	J. Tomasovi			spital, Bethes	
23a. BURIAL, CREMAT	ION, 23b DATE THEREOF			23d. LOCATION (City or To	
REMOVAL (Special	1104-101	1966 Baltimore Na			, Maryland
24. FUNERAL DIRECT	TOTAL OF MANAGE				EGISTRAR'S SIGNATURE Judge
550 Wash:	ington Blvd. I	aurel, Maryland	DATE	NOV 28 1966	I marked from

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 7 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15939 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH 2 COUNTY Frederick omeru b. CITY OR TOWN (If autside corparete limits, write RURAL and give nearest tawn) . CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Frederick wheaton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 106 Mt. Olivet Blvd YES NO 3. NAME OF Middle First 4. DATE Month DECEASED Nov. 23. GRACE 19 66 DOLE (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareigh country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Patent Stenographer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 3432 Stonehall Drive (Yes, no, ar unknown) (If yes give war or dates af service) 577-48-3125 Miss Doris Baker Beltsville Md. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) factory, street, affice blda., etc.) Haur o.m. Not While at work at wark 21. I certify that (I) (this hospital) attended the deceased fram_ 23. 1966 that (1) (we) last 1966, and that death accurred at 2:30 PM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. ADDRESS 22c. PHYSICIANIS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOXAL (Specify) Smithfield, Pennsylvania

2Sb.

REGISTRAR'S SIGNATURE

death The law requires that the death certificate be executed within 24 haurs after death and funeral 1 and ve carban papers. Pages 1 event, within 72 haurs after .⊑ filled edse remove and in any and ar removal burial, crematian, signed by the burial-transit **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. far use as the p Health prior to b this certificate O FUNERAL DIRECTOR: After page 3 should to filed with the S director, page shauld be filed

VR A15 (4) 20 M 1/66

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24 HUNERAL DIRECTOR BELLE Funeral Home-1331 Rockville Pik

Mt. Maria

Rockville, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		15940 MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	15943
Poge int of the searth of the searth DELY.		PLACE OF DEATH G. COUNTY Montgomery County MARYLANO	d. STATE Maryl	Where deceased lived, if institutio b. COUNT	Montgomery
If any delay is 1, 2, and 3 to rm PM3. Page Department of Department of urs after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town). Silver Spring, Md.	Silver	utside carparate limits, write RURA Spring	10 - 1
death. If arr Pages 1, 2 with form e State Dep 72 hours a		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Holy Cross Hosp	d. STREET ADDRESS 3 Cre	st Pkwy, SS, Md	e. IS RESIOÈNCE ON A FARM? YES NO
after death. I 8. Give Pages along with for with the State within 72 hou		NAME OF First Middle DECEASED (Type or print) Carlos	Risco	4. DATE Month OF DEATH 11	27 1966
		SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1. DIVORCED 1.	8. DATE OF BIRTH 11/15/17	T) 113.	Months Days Haurs Min.
	duri	. USUAL OCCUPATION (Give kind of work dane ing most of working life, eyen if retired) sst Naval Attache, Peruvian Embassy	11. 8IRTHPLACE (State	eru	12. CITIZEN OF WHAT COUNTRY? Peru
		Carlos Risco, Sr.	14. MOTHER'S MAIDEN Aurora Bo	ohl	
executed within inding" in pencil Medical Examine permit. File page emovol, and in a	15. (Ye	s no or unknown). If it ves give war ar dates at service if	INFORMANT Wife,	Address	Same address
be execute "pending" hief Medical ansit permit. or removol,		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nary In	sufficience	INTERVAL BETWEEN ONSET AND DEATH
ate should be executer g the word "pending" of ta the Chief Medical o burial-transit permit. cremotion, or removol,		Canditions, if ony, which gave rise to immediate cause (a),	rtery Hea	A Cisco	ko
de de		stating the underlying cause DUE 10 (c)	8		
This certification writing be farworded as I be used as Ir to buriol, or the buriol or the buriol, or the burio	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	ellitu	1	19. WAS AUTOPSY PERFORMED? YES NO
<u>=</u>		20g. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.		<u> </u>	
EXAMINER: cute the certi oge 4 should r your files. Poge 3 should	MEDICAL		LACE OF INJURY (Home, farn actory, street, affice bldg., etc.		(Caunty) (State)
lectal EXA social execute irector. Poge ained for you IRECTOR: Pog designoted o		21. I certify that I toak charge of the remains described above death resulted fram: Natural causes Accident	I have	Undetermined ma	ond in my opinior
D d d		ACTUAL SIGNATURE / Selecen / Jag		TOTAL EXTENSION CO.	ton, Maryland
o DEPUTY necessory, p the funerol 5 moy be r o FUNERAL Health or it		EXAMINER'S BELDEN R. T. Judy	Ze L	, sity, town, or caunty)	N. 27, 1966
TO D hece the the S m CO FL	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O		23d. LOCATION (City or Tow	n) (County) (State)

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

Peru, So.Amer.

ROBERT A. PUMPHREY, Bethesda, Maryland DATE NOV 29

2Sa. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE Judge

Marine 159451 Land to Dilly a colour, Level rook . Il , smula column Ceram of cotter for the following Mentito Malletin The state of the s MED

Wheeler Funeral Home

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FOR STATE DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward "pending"

in pencil in Item 18. Give Pages 1, 2, and 3 ta Examiner's Office alang with form PM3. Page Fond 2 with the State Department of August within 72 hours after death. the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form V-AVEN 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages,

Health ar its designated agent, priar ta burial, crematian, ar remaval, and in a

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH Item 8 Film G3 STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15942

1	5	n	A	7
3	U	.7	3	+3

1.	PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R o. STATE Mary/ancl. b. COUNTY	desidence before odmission) Montgomery
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL or	
	Bethesila 77th	Bethesda	15.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	4743 Brodley Blva apt204	4743 Bradley 1311	YES NO X
3.	NAME OF DECEASED (Type or print) Viblet Elizabeth	Roman - DEATH Month - DEATH NOV.	Doy Year
S.	FEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		INDER 1 YEAR IF UNDER 24 HRS. In this Doys Hours Min.
10cd B	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retiged) USUAL OCCUPATION (Give kind of work done INDUSTRY GOVT	11. BIRTHPLACE (Stote or foreign country) Roanoke, Virginia	12. CITIZEN OF WHAT COUNTRY? U. S.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	(Unknown) Oliff	Bertha A. (Unknown)	
1S	es no or unknown) (If we give wor or dotes of service)	NFORMANT SON 1906 Add Ros	semary HillDr
,	No 579-42-0862 Ro	bert C. Roman Silver S	pring, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)		
	Conditions, if ony, which gove) (b) due to strangulati	on	Sudden.
	rise to immediate couse (o), stating the underlying couse DUE TO	, 048	
	lost. (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	DDIMADY NA or CONTRIBUTING	(Enter nature of injury in Part I or Port II of item 18.) ngled on Kitchen of aft by	her son -
DICA	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
W	Bar p.m. // 8 1966 otwork otwork		
	21. I certify that I taak charge of the remains described above, he		
	death resulted fram: Notural causes 🔲, Accident 🔲, Suic	ide 🔲, Hamicide 🔀, Undetermined manne	r 🗌
	ACTUAL Of My B. Bell	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	JIGHATORE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (X)	7/.
	EXAMINER'S NAME (Type) JOHN G. BALL	Address (Street, city, town, or county) Bethe	sda. Md.
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL Specify) 11-15-66 Arlington N	latl Cem. Arlington, V	
	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS		AR'S SIGNATURE
K	OBERT A. PUMPHREY, Bethesda, Mary	land DATE 14 1966 School	les Judge

VR A15ME (5) 6M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15943 CERTIFICATE OF DEATH
15946

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MARTAGARA	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silverspring 2 days	Silver Spring 15.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
HOLYCROSS HOSPITAL	SILVER SPRING, MD. YES NO NO
3. NAME OF DECEASED Y	Last 4. DATE Month Day Year
(Type or print) NOS MAR WILLIAM Z. 1	POS ANO DEATH 11 24 1966
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8	
MALE CAUC. WIDOWED DIVORCED	5 9 1 5 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Chief of Real Estate U S Government	New York
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincent M. Rosano	Mary C Cammarata
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes nive war or dates of service) 088 03 7754 Ro	ose G Rosano Silver Springs, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CULE DA ETO SE,	Tel myo as and in Forthern ONSET AND DEATH
4201 DUE 70 9	
The state of the s	nbosis
gave rise to immediate	
underlying cause last. (c) Coronary at M	ensclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	FED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAI	YES X NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
	Not 72 201/ 1. A/m/ 24 200/ 15-4 (1) (m) lost
	death occurred at 33/4 M, from the causes and on the date stated above.
22a. SIGNAPOR	22b. DATE SIGNED
The state of the s	ATTENDING MED. STAFF 11/0/1//
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 1/1/49/60
NAME (Type) GEORGE SHARPE	Kencington, Ind,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Nov 28, 1966. Gate of Heaven	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Maryl	land. DATE NOV 28 1966 Icharles Judge

VR AI5 (4) (20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15947

10073	1001
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b. COUNTY
1 / OM / POM O OL / MADVIANO	Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SIVEY SPY WAS 3 VEARS 3MO, 3D	Vs Silver Spring 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if pot in hospital, give street address)	d. STREET ADDRESS ' e. IS RESIDENCE
Epischand Ninting Home	507 Peighton Avenue YES NO E
3. NAME OF //First Middle	Last 4. OATE Month Day Year
(Type or print) William (3)	OSE, Sr OFATH November 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Oays Hours Min.
Male White WIDOWED DIVORCED	annan XX 1895 7/ yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Accountant G. H. O.	Washington, D. C. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence J. Rose	Elizabeth Sweeney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT 507 Leighton Ave.
	lliam G. Rose Ir. Silver Spring. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Insullering ONSET AND DEATH
IMMEDIATE CAUSE (a) If If of our ar ar	Tourspecieny. 1240
4222 DUE TO Q	3-cs days
Conditions, If any, which gave rise to Immediate (b)	a 7 (19)
cause (a), stating the OUE TO	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Carelial blogastas volines cances	At Dede Palaline. 5410 dudie YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAN factor 20d. INJURY 2	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1942, to 1/00 20, 1966, that (1) (we) last
	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Willemaria mo M.D	ATTENOINC MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. AOORESS
NAME (Type) William B. Wardrop	808 8 Eishury Guil bette gry no
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (state)
Burial (Specify) Nov. 23, 1966 Arlington Nat	ional Cem. Arlington, Virginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY RECISTRAR 25b. REGISTRAR'S SICNATURE
John B. Thomas Jones 8434 Georg	ia Ave. NOV 2 2 1966 Actionly Judge

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REGISTRAR'S SIGNATURE

DATE

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FOR STATE HEALTH DEPT

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to see funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

		MARY	LAND STATE DE	PARTMENT OF	HEALTH		
-60	Division of STATI	STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, B	BALTIMORE 1,	MARYLAND
I	5546	MEDICAL	EXAMINER'S	CERTIFICATE	OF DE	ATH	15940
-							10041

	1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: I				
		a. COUNTY Mointgonnery MARYLAND	a. STATE M. b. COUNTY M	ontonneix			
		b. CITY OR TDWN (if outside corporate limits, write RURA) and give nearest town)	c. CITY OR TOWN-(If outside corporete limits, write RURAL	end give neerest town)			
		years	Betterda	15.1			
		d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE			
0		6006 Conway Rd.	6006 Conway Rd	YES ND ND			
	3.	NAME DF First Middle Parage (Type or print) Slove W. Ra	Last 4. DATE Month OF DEATH DEATH DEATH	Day Year 27 19 66			
		7. MORKIED HEVER MORKIED 1	8. DATE OF WATH 9. AGE (In years IF UNDER last birthday) Months	TANKE IF UNDER 24 HRS.			
		ale White WIDOWED DIVORCED	11/24/93 13 yrs. Months	Days Hours Min.			
	10e	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY. A Retired - Retired		OUNTRY?			
	Ma	anager-Life Ins. oRetired	Missouri	U.S. A.			
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
7	((Unknown) Rothkopf	Unknown				
	15. (Ye		INFORMANT Daughter Address Sam	e as Item 2			
		res WW I 577-10-6088 M	rs. Faith L. Cressman	c as reem 2			
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: Asphyxiation					
		420 DUE TO aspiration gastric	420 DUE TO aspiration gastric contents				
		Conditions, If eny, which gave rise to immediate (b)	0 0011001100				
		cause (e), stating the DUE TO myocardial infarct	tion	Reaent			
	2	underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		119. WAS AUTDPSY			
7	TI	TAKTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?			
	FIC/	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part 1 or Pert II of Item 18	YES NO			
	MEDICAL CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	TREEL (Little flatters of injuly in fact for for it of itom ite	10)			
	AL C		CE DF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)			
	DIC	Hour a.m. While Not While facto	ry, street, office bldg., etc.)				
	M	p.m. 19 at work at work	Id an Autopsy 💢 . Inspection 💢 . Inquiry 💢	and in my ppinion			
		21. I certify that I took charge of the remains described above, hel death resulted from: Natural causes [X], Accident [], Sui					
	6	death resulted from: Natural causes X, Accident , Sui	cide, Homicide, Undetermined manner				
		ACTUAL John S. Ball	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
		SIGNATURE	DEPUTY MEDICAL EXAMINER X 1//25	3/60			
2	14	EXAMINER'S JOHN G. BALL	Address (Street, city, town, or county) Bethe	sda, Md.			
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co				
		Burial 12-1-66 Arlington N	Natl Cemetery Arlington 25a. REC'D BY REGISTRAR 25b. REGISTRAR	, Virginia			
	97%	. FUNERAL DIRECTOR ADDRESS					
	K	OBERT A. PUMPHREY, Bethesda, Mary	land our DEC 5 1966 Mla	-10 O			

VR AISME (5) 5M 1/65

Naudi - Table di Lancia de la Carte de la periodia .or .nil otila: minu Tion I district the contract of the contract o n destate of their mottestines of aga remailm. Extra barga (1994) THAT DEPROT STORY Tributy , not sitted vertical Vertical Indianatiful ad-1-01 theming ROLLING PRINCIPLY, Deline etc., Morrecond.

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEDICAL

AI5ME (5)

VR

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15040 15949

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence as STATE b. COUNTY									
1	Montgomery MARYLAND	a. STATE B. COUNTY Maryland Montgomery							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Н		Kensington, Maryland 20795 /5./							
	Kensington, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?							
7	10423 Fawcett Street	10423 Fawcett Street YES NOX							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print) Joseph D. Ro	ver Jr. DEATH November 19 1966							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24HRS. last birthday) Months Days Hours Min.							
	Male White WIDOWED DIVORCED	March 2. 1895 // yrs.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
ŀ	Ret. Rase Horse Trainer 13. FATHER'S NAME	Gaylord Virginia U.S.A. 14. MOTHER'S MAIDEN NAME							
1	Joseph D. Royer	Virgie Belle Conard							
ŀ		INFORMANT Address							
	Yes, no, or unkown) (If yes give war or dates of service) Ves WW I 084 18 3945 Mrs	. M. Josephine Royer (Same as item #1)							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND, DEATH							
	PART I. DEATH WAS CAUSED BY: COronary Insufficency Acute Sudden								
	4 3 DIE TO								
	gave rise to immediate (b)	Conditions, If any, which (b) Cardie Vascular Disesse-							
	cause (a), stating the DUE TO								
1	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
1	O TANIMON DO NOT CONTROL OF THE PARTY OF THE	PERFORMED? YES NO X							
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CON								
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor while p.m. 19 at work at work	ry, street, office bldg., etc.)							
	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection X, Inquiry X, and In my opinion							
		cide . Homicide . Undetermined manner							
4	CHIEF MEDICAL EXAMINER								
	SIGNATURE John S. Ball	_M.D. ASSISTANT MEDICAL EXAMINER [11/20/66 22. DATE SIGNED							
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 2 7936 Old Geogtwn.							
	NAME (Type) Dr. John G. Ball	Address (Street, city, town, or county) Bethesda, Md. Rd							
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT121 11/23/66 Mount Olivet								
		Cemetery Frederick, Md. 21701							
	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md. 21	701 NOV 2 3 1000 M/ 0							
1	M. R. Elchison & Son, Fledelick, Md. 21	701 DATE NUV 2 3 1966 Charles Judge							

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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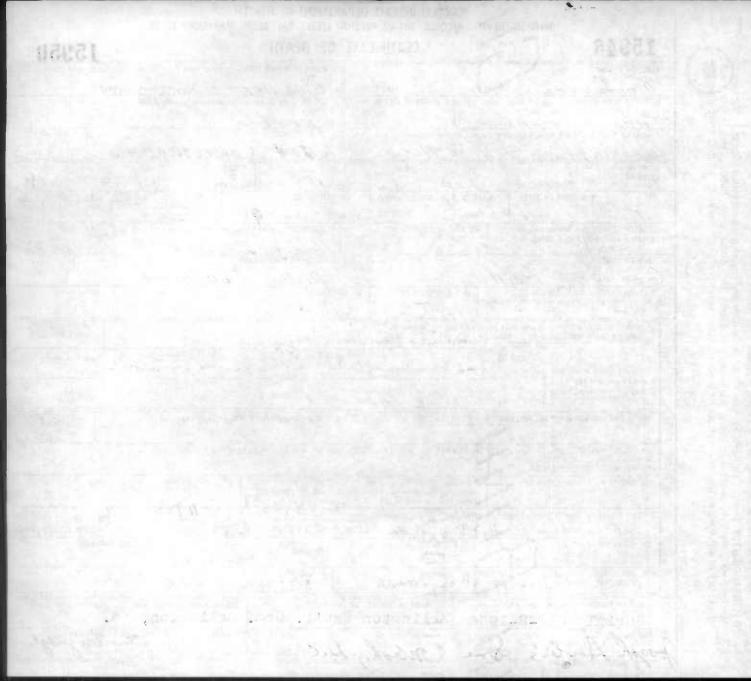
CERTIFICATE OF DEATH

15950

2.00	20						10301	
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)							e befare admissian)	
a. COUNTY								
h CITY OF	TOWN OF autoide corporate limits	(If autside carperate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nec						
write RL	IRAL and give nearest town)		C. CLAOTH OF STAT IN 10	1//	/	NAT OUR BINE		
	oma PARK			WHEAT	011		15.1	
d. NAME OF	HOSPITAL OR INSTITUTION (If no	t in haspital, gi	ve street address)	d. STREET ADDRESS		m* 1	e. IS RESIDENCE ON A FARM?	
UA3	hington 5	AN. Y	Hosp	12414	Connecticu	tAve	YES NO	
NAME OF	Fire	st	Middle	Last	4. DATE Mar	nth ,	Day Year	
DECEASED (Type or pr	int) GRACE	LE	E Russ	3011	OF DEATH	120	1 1966	
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1		
F	White	WIDOWED	DIVORCED	9-26-	94 last birthday)	Manths	Days Haurs Min.	
. USUAL OCC	UPATION (Give kind of work done		D OF BUSINESS OR	7	ty & State, ar fareign country)	12. CITI	ZEN OF WHAT	
ing mast af	working life, even if retired)		USTRY	///	./	COU	INTRY ?	
	SWF			WEST	UIRSINIA	/2	MERICAN	
FATHER'S		11		14. MOTHER'S MAIDEI		7		
	ROE BRI	//		Molly	DENDORT	+		
WAS DECE	ASED EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 17	INFORMANT	Add	ress		
65, HU, UI UII	(ii yes give wai ai dales a	361VICE)		Chart				
	E OF DEATH (Enter anly one caus	se per line for (a), (b), and (c).)	. 1			INTERVAL BETWEEN	
	T I. DEATH WAS CAUSED BY:	(//0	ends tall	our Jalsen		200	ONSET AND DEATH	
5	22X IMMEDIATE CAUSE		. + 0	0 6	1 1 2	1	mull	
Condition	If your tubish yours	(b) Gld	Thurkonis (E	auch) a ft 1	Larold stone	won L		
rise ta im	mediate cause (a),		1					
storing the underlying couse								
		(c)	DEATH BUT NOT BELATED T	O THE TERMINAL DISEASE C	ONDITION CIVEN IN DADT 1/)		19 WAS AUTOPSY	
PART II.	THER SIGNIFICANT CONDITIONS CO	JNIKIBUTING TO	DEVINERAL MOLKETATED I	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(0)		PERFORMED?	
							YES NO	
	ENT WAS UNDERLYING BUTING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Part I ar Part II af item 1B.)			
	NOTIFY MEDICAL EXAMINER)							
20c. TIME	OF INJURY Manth, Day, Year			PLACE OF INJURY (Hame, fa		(Cau	nty) (State)	
	Haur a.m.	While at wark	1100 1111110	actary, street, affice bldg., e				
21	certify that (I) (this hosp			14.710/39	19 40 to 11/29	106	6 that (I) (we) las	
	the deceased alive on		19 (at and t	not death accurred	at 930 M, from causes			
		110		id. dodin deconica (m, nom couses			
220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR DIRECTOR								
22c. PHY	CICIAN'C	. / 1 /		M.D. PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L			
	ME (Type)	HW.	shotten	83/7	in Blod &	SSM	4	
DUDIAL	DEMATION TOOL DAYS THE			D CDEMATORY	L 224 LOCATION (C) T		(5	
 BURIAL, C REMOVAL 			23c. NAME OF CEMETERY		m. Arlington		(Caunty) (State)	
~~~	(Specify) 12-2-	1966	Arlington					
4. FUNERAL	DIRECTOR	0	ADDRESS			REGISTRAR'S SI	Can Judge	
2300h	Howlers	Am	Wash.	D.C. DATE	DEC 1 1966	1	00	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 7 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar revioval, and in any event, within 72 hours after diant. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15949 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY California Montgomery MARYLAND b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give pearest tawn)
Bethesda (rural) 8 days Palm Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 640 Warm Sands Drive Naval Hospital YES NO PO First Middle 3. NAME OF Lost 4. DATE Manth DECEASED November 13 66 RYAN Webster Daniel DEATH (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Male Cauc Nov. 22, 1899 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
U. S. Navy INDUSTRY COUNTRY? USA Edgewood. Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Barr Frank Ryan California 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give war ar dates of service) Palm Springs Address 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Marjorie Ryan, 640 Warm Sands Drive ves INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Myocardial Infarction, posterior left ventricular ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) wall DUF TO Conditions, if ony, which gave rise to immediate cause (o). DUF TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth. Dov. Year Haur o.m. factory, street, office bldg., etc.) at work at work the deceased fram Nov. 5, 1966, ta Nov. 13, 1966 that (1) (we) last 1966, and that death accurred at 335PM, from causes and an the date stated abave. 21. I certify that (* (this haspital) attended the deceased fram Nov. 5 saw the deceased alive an Nov. 13 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Nov. 14, 1966 DIRECTOR M.D. PHYS. Naval Hospital, Bethesda, Maryland 22c. PHYSICIAN'S NAME (Type) H. R. BROWN. JR., M. D. 240.7 SURIAL CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) San Diego, California 11-16-66 Greenwood Memorial 24. FUNERAL DIRECTOR Robert A. Pumphrey FAMERAL Home 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Melianles Wisconsin Ave., Bethesda, Maryland

funeral T and 2 er death. The law requires that the death certificate be executed within 24 hours after death by the f off filled in by the papers. Page hin 72 haurs o and campletely fill remove carbon pro nony event, with event, and in any pua physician a cremation, ar removal. permit. signed by the burial-transit **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. burial. priar ta as the has been certificate has ched far use o pt. of Health p detached O FUNERAL DIRECTOR: After , page 3 shauld be be filed with the Stat directar,

> VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15950	)		CERTIFICAT	E OF DEATH	- 1	15	5952		
1. PLACE OF DEATH o. COUNTY MOI	ntgomery		MARYLAND	2. USUAL RESIDENCE ( o. STATE  Vira	Where deceosed lived,	b. COUNTY Fairf	ce before odmission)		
b. CITY OR TOWN	(If outside corporote limit and give neorest town)	5,	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits	, write RURAL ond give	e neorest town)		
d. NAME OF HOSP	Val Hospital			d. STREET ADDRESS	ingham St		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Month	Doy Year		
(Type or print) S. SEX Female	Anne Rob  6. COLOR OR RACE  Caucasian	7. MARRIED WIDOWED		B. DATE OF BIRTH	9. AGE (I		12 1966 1 YEAR   IF UNDER 24 HRS. Doys   Hours   Min.		
10o. USUAL OCCUPATION	ON (Give kind of work done no life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		4   52 y & Stote, or foreign cou Wisconsin	intry) 12. CIT	IZEN OF WHAT UNTRY?		
13. FATHER'S NAME	s. Robinson			14. MOTHER'S MAIDEN Ruth ELLI	NAME				
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes of	4		INFORMANT		935 ^{Address} Rock clean, Vir	ingham St.		
PART I. DE 1561		(o) <b>Cal</b> TO (b)	coinoma of Liv	er			INTERVAL BETWEEN ONSET AND DEATH		
CATION	SIGNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO				19. WAS AUTOPSY PERFORMED?  YES NO		
	NG CAUSE OF DEATH FY MEDICAL EXAMINER)								
Hour of	p.m. 19	While of work	Not While of work	ACE OF INJURY (Home, for ctory, street, office bldg., etc	.)		unty) (Stote)		
saw the	21. I certify that (I) (this haspital) attended the deceased fram 10 Oct , 19 66, ta 12 Nov , 19 66, that (I) (we) las saw the deceased alive an 12 Nov 19 66, and that death accurred at 10:08, fram causes and an the date stated above								
H	220. SIGNATURE  M.D. ATTENDING MED. STAFF 12 Nov 1966  M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 12 Nov 1966								
22c. PHYSICIAN NAME (Typ		SHWORTH				1, Bethese	da, Md.		
230. BURIAL, CREMA	ify) 11–16-	-66	23c. NAME OF CEMETERY OF Arlington Na	tional		on, Va.	(County) (Stote)		
24. FUNERAL DIRECTIVES. 28	10RB T Koyo B47 Wilson B	lvd. A	ADDRESS		D BY REGISTRAR	2Sb. REGISTRAR'S S	IGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Here, please remave carban papers. Pages 1 and 3 should be filed with the State Dept. af Health priar ta burial, crematian, arken ord, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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1 5		Division of STATIST	MARYLAND STATE DEF			21201
M		15951	CERTIFICATE	OF DEATH		15953
deoth and death		LACE OF DEATH COUNTY Montagemen	MARYLAND MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived, if institution: Res	
ov the fur Poges 1	ŀ	CITY OR TOWN (If outside opporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	Silver S	corporate limits, write RURAL and	give neorest town)
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e executed within 24 hc and completely filled in remove corbon popers. in any event, within 72 h	1	AME OF First ECEASED (ype or print) MARY	Middle 6		DATE Month OF DEATH	Doy Year S 1966
d complement complements of compleme	S. S	EX 6. COLOR OR RACE FEMALE CAU	7. MARRIED NEVER MARRIED B	11-8-04	lost hirthdoy) Month	
ate be e	10o. duri	USUAL OCCUPATION (Give kind of work done og mostyof working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	PENNSY/	IANIA	COUNTRY?
h certificate be ling physician Then please removal, and in	13.	HORACE GUTE.		14. MOTHER'S MAIDEN NAME FLORENCE	HOMPSON	
of the death cer the ottending prisit permit. The mation, or remo	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of	service) 16. SOCIAL SECURITY NO. 17. II	IMER S.S	CHANTZ SEE	ITEM =2.
thot the d an. by the oth fronsit per cremation,		1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Congestive Heart	Failure		INTERVAL BETWEEN ONSET AND DEATH
physician. signed by the burial-tronsit burial, crema		4200 Conditions, if ony, which gove rise to immediate couse (a),	A CUD			
e law req trending p ss been si as the bu prior to bu		stoting the underlying cause   DUE	c)			
The off	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO T			19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (			16 13
C T W	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
ATTENDING stained by the CTOR: After is should be d ith the Stote		21. I certify that (I) (this hasp saw the deceosed alive on	ital) attended the deceased from 4	deoth occurred at	P. M, from causes and o	n the date stoted obove  DATE SIGNED
d w		( Koumond Dra	Bradshaw, Mr., M.D.	22d. ADDRESS	CTOR PHYS.	ov. 8, 1966
- L 2 .9	220		ersity Blvd.	Silver	Spring, Md.  23d. LOCATION (City or Town)	(County) (State)
FO HOSP Poge 4 IO FUNEI director should	230	Burial 11-11-			W shington.	

SIGNATURE	13	11	Λ
aymor	of Drad	shrw	, Mr
PHYSICIAN'S NAME (Type)	Raymond 1 345 Univer		

230.	BURIAL, CREMATION, REMOVAL (Specify) Burial

VR A15 (4) 20 M 1/66

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR 1966

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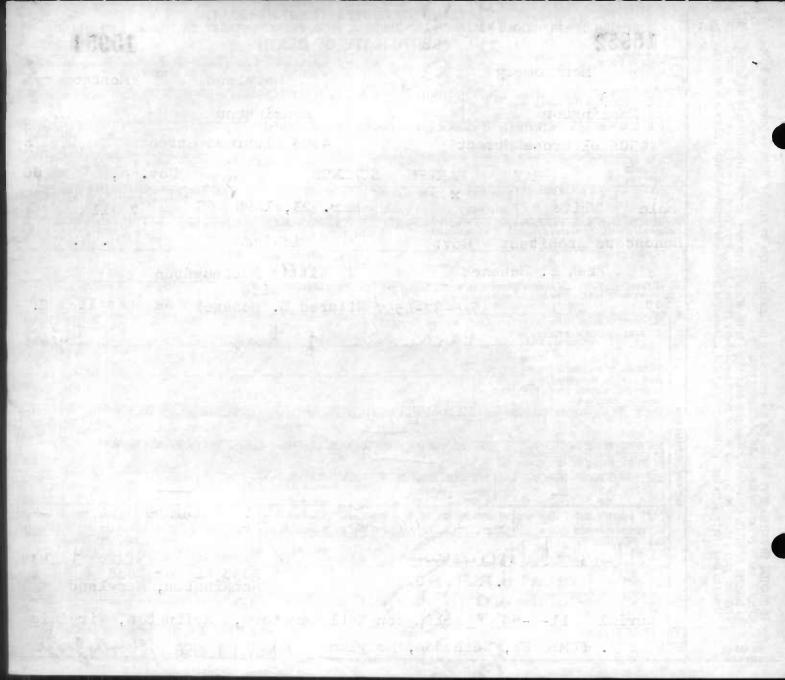
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15952
CERTIFICATE OF DEATH
15954

MARYLAND WITH MUNAL and give nearest town Wells limits, with RURAL and give nearest town Kensington  G. RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  A305 Glenrose Street  S. RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  A305 Glenrose Street  S. RAME OF BEEASED (Type or print)  S. SEX  G. COLOR OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  A. DATE OR RAEE [7, MARRIED]  NOV. 4, Day Year PEECASED (Type or print)  G. DATE OR RAEE [7, MARRIED]  A. DATE O	1. PLACE OF DEATH a, COUNTY Mont comery	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re-	sidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Kensington  d. NAME of ROSHTAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  4305 Glenrose Street  MARTIN SCHENCK  S. MANE OF BELLAKE  BELL S. COLOR OR RACE  RAY  MARTIN SCHENCK  ASTE MOV. 4, 1960  S. SEX  G. COLOR OR RACE  FIRST  MARTIN SCHENCK  MARTIN SCHENCK  S. BAY  MARTIN SCHENCK  BELL S. 4. BAYE  MARTIN SCHENCK  BELL S. ABYE  MOV. 4, 1960  S. BAYE OF BIRTH  NOV. 4, 1960  B. DATE OF BIR	110110 60111011	a. STATE Maryland b. COUNTY Mor	ntgomery
Kensington  d. Name of beogrital or institution (if not in hospital, give street address)  d. Name of beogrital or institution (if not in hospital, give street address)  d. Street address  4305 Glenrose Street  4306 Glen	b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b		and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  4305 Glenrose Street  4305 Glenrose Street  A305 Glenrose Street  A306 AGE (Invalid Magilia ) Pay (Minc) Minc)  A306 Minch Magilia ) Pay (Minc) Minch Magilia ) Pay (Minch Magilia) Pa		Kensington	15.1
3. NAME OF PERSONAL PROPERTY AS UNDERSYMBE TO THE TERMINAL DISEASE CONDITION GIVEN IN JOE TO PART I. GAINE GENERAL PART I. SCHENCK  3. NAME OF PIRTS  RAY MART IN SCHENCK  4. DETERMIN NOV. 4, 19 66  5. SEX G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH NOV. 4, 19 66  5. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   Mar. 23, 1898   GAS birthday) Mights   DAYS   Hours   Mights   Maghts   DAYS   Hours   Mights   DAYS   D			
RAY   MARTIN SCHENCK   OF A   Nov. 4, 19 66	4305 Glenrose Street	4305 Glenrose Street	
S. SEX   6. COLOR OR RACE   7. MARRIED   20. DATE OF BIRTH   9. AGE (in years   FUNDER 124 HRS. Male   White   White   DIVORCED   DIVORCED   Mar. 23, 1898   9. AGE (in years   FUNDER 124 HRS. Mognib   Pas   Hours   Min. 100. USUAL OCCUPATION (Give kind of workdome   100. Kind of Birth   100. USUAL OCCUPATION (Give kind of workdome   100. Kind of Birth   100. USUAL OCCUPATION (Give kind of workdome   100. Kind of Birth   100. USUAL OCCUPATION (Give kind of workdome   100. Wind of Birth   100. USUAL OCCUPATION   100. USUAL OCCUPAT	DECEASED DAY MADRITH COL	ENICK OF NOT	66
Male White WIDOWED DIVORCED MAR. 23, 1898 68 97. Mounts from the Charles of Mar. 23, 1898 68 97. Mounts from the Charles of Mar. 23, 1898 68 97. Mounts from the Charles of Mar. 24, 1898 68 97. Mounts from the Charles of Mar. 25, 1898 68 97. Mounts from the Charles of Mar. 26, 1898 68 97. Mounts from the Charles of Mar. 26, 1898 68 97. Mounts from the Charles of Mar. 27, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 28, 1898 68 97. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mounts from the Charles of Mar. 29, 1898 67. Mount	(1) po or printy	DATE OF BIRTH 10 ACE (In water   IF HADED 2	
during most of working life, even if retired)  Industry  Analysis and Early  Industry	16.7.	ar 23, 1898 68 birthday) Months 1	
Lendscape Architect   Govt   Michigan   U.S.     13. Father's name   Fred E. Schenck   Id. Mother's Maiden name   Id. Mother's Name   Id. Mother's Maiden name   Id. Mother's Maiden	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		
14. MOTHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO. 17. INFORMANT   WI TO   Address   Address   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO. 17. INFORMANT   WI TO   Address   Address   To		Michigan U.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. no. or unknown) (Ifyes pire war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  19. WAS DECEASED EVER (a)  10. CAN THE STORY OF CAUSE (b)  10. CAN THE STORY OF CAUSE (c)  10. CONDITIONS (c)  11. CONDITIONS (c)  12. CAUSE (c)  13. SET OF NAILY (c)  14. CAN THE STORY OF CAUSE (c)  15. WAS DECEASED EVER (a)  16. SAME AS I Left (c)  17. INFORMANT WI TO A ADDRESS (c)  18. CAUSE (c)  18. CAUSE (c)  18. CAUSE (c)  19. WAS LOCASED EVER (c)  19. WAS LOCASED EVER (c)  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFOR	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMEDFORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT   Wife   Address   15. Same   15. S	Fred E. Schenck	Kittie MacNaughton	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work at work  While n. Death Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bldg., etc.)  22a. SIGNATURE  22c. PHYSICIANS NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUT 12  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]  PART I. DEATH WAS CAUSE DBY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which (b) gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMEDTY YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING WAS UNDERLYING WHILE WHILE WITHER WAS CAUSED BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMENT BATTER BY THE WAS AUTOPSY PERFORMEDTY YES NO PART II. OTHER SIGNIFICANT BATTER BY THE WAS AUTOPSY PERFORMENT BATTER BY THE WAS AUTO	Yes   WW I   578-32-4547 Mi	ldred D. Schenck Same as	Item 2.
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING COUNTY MET 10 PART 1(a) PERFORMED? YES NO  YES  YES NO  YES N			INTERVAL BETWEEN
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY MEDICAL EXAMINER.  21. I certify that (I) (this hospital) attended the deceased from While at work at work at work at work.  22c. PHYSICIAN'S NAME (I) (this hospital) attended the deceased from And that death occurred at P.M., from the causes and on the date stated above.  22c. PHYSICIAN'S NAME (I) (I) (this hospital) attended the deceased from And that death occurred at P.M., from the causes and on the date stated above.  22c. PHYSICIAN'S NAME (I) (I) (this hospital) attended the deceased from And that death occurred at P.M., from the causes and on the date stated above.  22c. PHYSICIAN'S NAME (I) (I) (this hospital) attended the deceased from And that death occurred at P.M., from the causes and on the date stated above.  22d. ADDRESS 3546 Raymor Road Kensington, Maryland  23d. LOCATION (City, town or county) (State)  24d. FUNCTION (City, town or county) (State)		of June	/\
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While at work 19 a	1/ × X	3 8	8
gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While A work Canada with the deceased from A work of a work canada with the deceased from A work of a work canada with the deceased from A work of a work canada with the deceased from A work of a work canada with the deceased from A work of a work canada with the deceased alive on 19 c., and that death occurred at P.M., from the causes and on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  M.D. ATTENDING MED. STAFF PHYS.  22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  APPLICATION OF THOMAS S. REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Conditions, if any, which (b)		
Underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?	gave rise to immediate (		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED. YES NO PERFOR	underlying cause last. (c)		
20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19   Not While at work   Not While at work   Phys.   Not While at work	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19   Not While at work   Not While at work   Phys.   Not While at work	LE L		
20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19   Not While at work   Not While at work   Phys.   Not While at work	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
21. I certify that (I) (this hospital) attended the deceased from the course of the deceased from the course of the deceased alive on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  22d. ADDRESS NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial  23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) RUTIAL  24. FUNERAL DIRECTOR  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		CE OF INITIRY/Home farm   20f (City or town) (Cour	ity) (State)
21. I certify that (I) (this hospital) attended the deceased from the course of the deceased from the course of the deceased alive on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  22d. ADDRESS NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial  23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) RUTIAL  24. FUNERAL DIRECTOR  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Hour a.m. While - Not While -		(5,000)
Saw the deceased alive on 190, and that death occurred at 71M, from the causes and on the date stated above.  22a. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  22d. ADDRESS 3546 Raymor Road Kensington, Maryland  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  24. FUNERAL DIRECTOR  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
22a. SIGNATURE    DATE SIGNED   PHYS.   DIRECTOR   PHYS.   PHY			
22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11-9-66  23c. NAME OF CEMETERY OR CREMATORY Arlington, Virginia 24. FUNERAL DIRECTOR  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		death occurred at 1 1 M, from the causes and on the	e date stated above.
22c. PHYSICIAN'S NAME (Type) THOMAS S. SAPPINGTON  22d. ADDRESS 3546 Raymor Road Kensington, Maryland  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11-9-66  24. FUNERAL DIRECTOR  22d. ADDRESS 3546 Raymor Road Kensington, Maryland  23d. LOCATION (City, town or county) (State)  Arlington Natl Cemetery Arlington, Virginia  24. FUNERAL DIRECTOR  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF	1011
NAME (Type) THOMAS S. SAPPINGTON  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial 11-9-66  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACCOUNTY  ACCOUNT		100	0-111100
23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11-9-66 Arlington Natl Cemetery Arlington, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type) THOMAS S. SAPPINGTON	Kensington. Marv	land
24. FUNERAL DIRECTOR  APLINGTON NATI GEMETERY, AFLINGTON, VIRGINIA  25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	atl Cemetery. Arlington.	Virginia
ROBERT A. PUMPHREY, Bethesda, Maryland DATE NOV 1 0 1996 Icharles Judge			SIGNATURE
	ROBERT A. PUMPHREY, Bethesda, Maryl	Land DATE NOV 10 1986 John	les Judge

VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1595	3	T	CERTIFIC	AILU	F DEATH			15955
1. PLACE OF DEAT a. COUNTY	Н	1 tem 14	FILM GOOD		USUAL RESIDEN a. STATE	CE (Where deceased	lived, If institution:	Residence before admission
	merry		MARYLA			inois	D. COUNTY	./
b. CITY OR 10W write RURAL	Omery /N (if outside corpora , and give nearest to	ite limits,	C. LENGTH OF STAY IN		ITY OR TOWN (I	f outside corporate	limits, write RUR	AL and give nearest town
Bethes	ada		19 Days		Car	v		513
d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In hos	spital, give Street add	ress) d. S	TREET ADDRESS			e. IS RESIDENC ON A FARM?
The Clinic	cal Center,	Bethesda	. Maryland	B	R. #1.	Box 582A		YES NO
3. NAME DF DECEASED		irst	Middle		Last	4. DATE	Month	Day Year
(Type or print)	Regina	18	Willard	Sex	ton		ovember	6 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED R	NEVER MARRIED	7   8. DA	TE OF BIRTH	9. AGE	(In years   IF UND	ER 1 YEAR IF UNDER 24 HR
м	White	WIDOWED	DIVORCED		ovember	1941 24	birthday) Months	Days Hours Min
10a. USUAL OCCUPAT	TION (Give kind of work	done   10b. Kin	D OF BUSINESS OR			County & State, or for		CITIZEN OF WHAT
during most of work	ing life, even if retire	ed) INI	DUSTRY		T224			COUNTRY?
Butche 13. FATHER'S NAM	er	St	iper Market	114	Illir MOTHER'S MAI			USA
				14.			Ziesson	
Regina	Ld A. Sexto	n	OCIAL SECURITYNO. I	17 10500		a Ziesel		
(Yes, no, or unkown)	(If yes give war or dates	of service)	OCIAL SECURITY NO.	17. INFO	The	Medical R		
No		34	49-34-6716	The C	linical	Center, Be	thesda, Ma	ryland
18. CAUSE OF	DEATH [Enter only or	ne cause per lin	e for (a), (b), and (c).]	1		Y DESIGN		INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Br	onchopneum	onia				12 Hours
201	X DUE	(4)						
Conditions, If			dgkin's Dis	sease				4 Month
gave rise to		(10)	-0					
cause (a), s underlying caus	turing the	TO						
		ONS CONTRIBUT	ING TO DEATH BUT NO	T DELATED T	OTHETEDMINAL	DISEASE CONDITIO	N GIVEN IN PART 1/	a) 119. WAS AUTOPS
PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGHTI TOAHT CONDITT	OKS DOKTIKIDOT	ING TO DEATH BOT NO	I VERVIED I	O I I L I L I MININAL	DIOLNOL CONDITIO	TO THE TAX	PERFORMED?
FIC								YES NO
☐ 20a. ACCIDENT ☐ OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b. DE	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature o	of Injury In Part I o	r Part II of Item	18.)
	TIFY MEDICAL EXAM	INER)						
0	INJURY Month, Day,	Year   20d. IN.	JURY OCCURRED   200	PLACE OF	INJURY (Home, f	arm, 20f. (City	or town) (C	county) (State)
Hour a.	m. m. 19	While at work	Not While at work	Tactory, Str	cer, omicopiug.,	610.)		
				- 18 Oc	toher	10 66 to 6 N	ovember10	66, that 30 (we) la
caw the de	reased alive on	November 1	er 1966 and	that doat	h occurred at	7:10M from th	e causes and or	the date stated abov
22a. SIGNATU			and and	I Liial ucal	n occorred at	AM		DATE SIGNED
	2 /	di	1		TENDING		TAFF AYS. TA 6	Nov. 1966
22c. PHYSICI	AN'S	9500	oa		YS. L			r, National
MAME (T	Jerry Jerry	y L. Spi	vak, MD.					da, Maryland
23a. BURIAL, CREM	MATION   23b. DATE		23c. NAME OF CEM				ON (City, town or	
REMOVAL (Sp	ecify)							T11
BURIAL	11-9-		<u>EVERGREE</u> Wisesin		1 25a. RF	C'D BY REGISTRAF	ngton.	AR'S SIGNATURE
Dahore	remonre	1 1001	MTACOUSTI	THAG	2001 111		1 -3	

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The Succession Records

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Lie 12-9-66 Very Manager W. Car thin bon, The

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15954 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If butside carporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If sytside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 19/46 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 9 208. 3. NAME OF Middle DATE Manth DECEASED JEORGE (Type or print) DEATH OF BIRTH IF UNDER 1 YEAR S. SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Laborer Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates af service George Shaffer. Jr. Frederick 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a DUE TO Pulmonary Emphysema Conditions, if ony, which gave (b) rise to immediate cause (a) DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year Haur a.m.

20d. INJURY OCCURRED While Nat While

20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)

22d. ADDRESS

(City or town) (County)

Sanitarium

(Stote)

15956

e. IS RESIDENCE ON A FARM?

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

NO [

1966

Year

IF LINDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

vears

NO K

19. WAS AUTOPSY PERFORMED?

	at work — at work —								
21. I certify that (1) (this	haspital) attended the deceased from	m 10/	19	,	19 66				, 19 <u>66</u> , that (I) (we) last
sow the decaysed office a	n 11/18 1966, and	d that dec	th occurr	ed at	6:40P1	M, fro	m cou	ses an	nd on the date stated obave.
22a. SIGNATURE	Folless.		ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS.		22b. DATE SIGNED 11-18-66

22c. PHYSICIAN'S NAME (Type) ROES 23a. BURIAL CREMATION 23b. DATE THEREOF

11/25/66

NAME OF CEMETERY OR CREMATORY Locust Grove

Bethesda. and Mary. 23d. LOCATION (City or Town)

(County) (State) Nr. Mt. Airy,

REMOVAL (Specify) 24. FUNERAL DIRECTOR Olin L. Molesworth. Damascus. Md.

ADDRESS

25g. REC'D BY REGISTRAR

Resmor

REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been Page 4 may be retained by the haspital or director, page 3 shauld be filed v VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours after death

death.

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bon papers. within 72 ho

please remave

the attending physician and sit permit. Then please rem

signed by the atter burial-transit perm burial, crematian, a

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State Dept.

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MARYLAND STATE DEPARTMENT OF HEALTH

TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATIST
15955
ACE OF DEATH
COUNTY
ONTGOMERY
CITY DR TOWN (If outside corporate limit: write RURAL and give nearest town)
ETHESVA
NAME OF HOSPITAL OR INSTITUTION (If no
burban Hospith

CERTIFICATE OF DEATH

15957

	20000		
11	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before admission)
1/	20 COUNTY / MARYLAND	DOJSTATE DO COUNTY	cer
1	b. CITY DR TOWN (If outside conformet limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
	write RURAL and give nearest town)		neore of town,
4	DETHESNA 18 CAS	Bethesda	5.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0	Deburban Hospital	7820 HAMPOLEN LANE	YES NO
3	NAME DF First Middle	Lost 4. DATE Month OF	Doy Year
	(Type or print) JAMES HUGH JA	ANNON DEATH NOV.	10 1966
S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER )  Norths Months	
V	male white widowed divorced	5-13-1891 75 birthday) Months yrs.	Doys Hours Min.
I	0o. USUAL OCCUPATION (Give kind of workdone uning most of working like, even if retire to the lindustry		ZEN OF WHAT
g	wring most of working life, even if retire DRANGE INDUSTRY TOS. CO.	Wisconsin	SQ.
1	ETIRED-Manager-No. WEST. Nat. Ins. Co.	14. MOTHER'S MAIDEN NAME	GC, 20, 5C
	0,0	+ 1: Elan Elation	
	SYLVESIER STATIST	Josephine Fray [ WEI LEG	<i>L</i>
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, po or unknown) ((If yes give wor or dotes of service)	INFORMANT Address	
1	VES U). W. + 577-09-8258 (	Inne-wife - Dam	l
F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	0	INTERVAL BETWEEN
4	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) URZMIA		ONSET AND DEATH
A	1442 X IMMEDIATE CAUSE (o) OR 7249 1 PM		1 - 10 41 7 4
	Conditions if any which was a	REWAL DISEASE INITIO	
	rise to immediate couse (a)	REWAL DISEASE WITTO	
7	stoting the underlying couse DUE TO		15 DAYS
- 1	last. (c) STROKE		74
_ 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
2 8			YES ND P
2 CEDITICATION	200. ACCIDENT WAS UNDERLYING \( \square\) 205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
103	OR CONTRIBUTING CAUSE OF DEATH		
		CE OF INJURY (Home, form,   20f. (City or town) (Cou	nty) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o.m. 20e. PLA While Not While foot	tory, street, office bldg., etc.)	(31016)
2	p.m. 19 of work of work		
	21. I certify that (I) (this hospital) attended the deceased from_		; that (I) (we) last
	saw the deceased alive an ROV 9 19 CC, and tha	it death occurred of 10 12 M, from couses and on the	e date stated obove.
	220. SIGNATURE		TE SIGNED
	X down M.	D. PHYS. DIRECTOR D PHYS. D	10/66
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) DR (50 I DONOVAN	8218 WISCONSIN AVR	BETHELDA
=	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (County)
1			(County) (State)
L	Burial 11-14-66 Arlington	Natl Cem.   Arlington, Vii	rginia
	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
	ROBERT A. PIMPHREY Bethesda. Md	DATE NOV 1 8 1966 PCLIE	mey Judge.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages J and is should be filed with the State Dept. of Health prior to burial, cremation at emove, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

159	956		CERTIF	ICATE	OF DEATH			159	58
1. PLACE OF o. COUNTY			MARYI	LAND	2. USUAL RESIDENCE o. STATE V11	(Where dece	osed lived, if institu b. COU		ce before odmission
b. CITY OR	TOWN (If outside corporate limit URAL and give nearest town)	ts,	C. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write RL	JRAL ond give	neorest town)
Beti	nesda (rural)		71 days		McLe	ean		8	3.3
d. NAME O	F HOSPITAL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS				e. IS RESIDE
Nava	al Hospital		1000		6504 Dr	yden D	rive		YES 1
3. NAME OF		irst	Middle		Lost	4. DATE	Mor	ith	Doy Year
DECEASED (Type or p	rint) Marga	ret	Ruth		SHARP	OF DEAT			166
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO		B. DATE OF BIRTH		<ol> <li>AGE (In years lost birthdoy)</li> </ol>	Months 1	Dovs Hours
Female	Cauc.	WIDOWED	DIVORCED		March 11,	1919	47 yrs.		
10o. USUAL OC during most of	CUPATION (Give kind of work done f working life, even if retired)	10b. KI	IND OF BUSINESS OR IDUSTRY N/A		11. BIRTHPLACE (Coul	nty & Stote, or	foreign country)		IZEN OF WHAT UNTRY? USA
13. FATHER'S	NAME				14. MOTHER'S MAIDE	N NAME		1.77	
Arti	nur Peterson				Margare	et Dod	ge		
1S. WAS DECI (Yes, no, or un	EASED EVER IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.		informant Mc	Lean	Addi	4 77	rginia
PAI 5		(o) Chi	conic Renal	L Fai	llure				INTERVAL BETV ONSET AND DE
rise to in	ns, if ony, which gove nmediote couse (o), he underlying couse	(b) <b>Ci</b> 10 (c)	rhosis						
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATEO TO	THE TERMINAL DISEASE (	CONDITION GI	VEN IN PART 1(o)		19. WAS AUTO PERFORME YES X
OR CONT	DENT WAS UNDERLYING  RIBUTING  CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	205. 08	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury	in Port I or P	ort II of item 18.)		
WED	E OF INJURY Month, Ooy, Yeor Hour o.m. p.m. 19	While at war	Not While of work	fact	CE OF INJURY (Home, fo tory, street, office bldg., e	etc.)			unty) (S
21. saw	I certify that (I) (this ha	spital) atten Novembe:	ded the deceased r 7 19 66, a	from_ and tha	Aug. 28 at death accurred	, 19 <u>66</u> at <u>810</u>	ta <b>Nov. 7</b> M, fram causes	and an th	ne date stated
22o. SI	GNATURE C	. reline		М.	11110:	MED. DIRECTOR	STAFF PHYS.		v.8, 1966
	YSICIAN'S  AME (Type)  P. T. KTRO	HNER,	LT MC USN		U. S. 1	NAVAL 1	Hospital,	EGTHE	ESDA, MD.
22. DUDIAL	CDEMATION TOOL DATE TH	ICDCOE	1 22. NAME OF CEME	TEDY OD	CDEMATORY	224	OCATION (City of T	lawa	(County) (St.

Arlington National

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth

Page 4 may be retained by the haspital or ottending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and the greent, within 72 hours ofter death. REMOVAL (Specify) 24. FUNERAL DIRECTOR Murphy Funeral Home, ADDRESS . M. France 3524 Columbia Pike, Arlington, Virginia

Cemetery REC'D BY REGISTRAR DATE NOV

Virginia Arlington, 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NOCK

IF UNDER 24 HRS. Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES X

19 66, that (we) last d an the date stated above

NO

(Stote)

(Stote)

(County)

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	nintgatV		JEWG GAN	4
	iresTeN	evjeb Jr	(ss.) to	Petre
97)	6504 Jayden De		Latigack	
November 7 66	TEARS.	Haufi Dubh	dertegradi	
The state of the s	March 11, 1910		, Una')	50.8
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e West and W	Margaret Doig		aseratal.	ជាបារ៉ា <u>រ</u> ា
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		a lincol/marks		
Nov. 7 to the			All III	
3 Ev. 3, 1966				
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alekwill moternie	detament Cere cery,			
		acrob Ag	Month (lighted	Table 1
		A CONTRACTOR OF THE PARTY OF TH	ALL Sike, ALL	an HRUE

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		No. 1595	į
eg.	Dist.	No. LUNIV	Ĺ

Sinc	third of	15957	Reg. Dist. No. 1999
ž		1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
4	# # P	county Montgomery County MARYLAND	state Maryland county Montgomery Co.
Ó	72 hours director, #	CITY (If outside corporate limits, write RURAL (In this pleca)  OR and give neerest town)  TOWN  Takoma Park,  Vrs.	CITY (II outside corporate fimits, write RURAL and give neerest town) OR TOWN Takoma Park  /57/
acuted		HOSPITAL OR INSTITUTION OR STREET ADDRESS 8512 Glenview Ave.	STREET (If rural give focation) ADDRESS 8512 Glenview Ave.
be ex	registrar within by the funeral	3. NAME OF (First) (Middle) DECEASED (Type or Print) T.ENA PHTFER SHAWEN	(Last)  4. DATE (Month) (Day) (Year)  OF  DEATH 2 2 3
0	dist >	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	
certificate	he re		16 1886 80 yrs. Months Days Hours Min.  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
eath	High the control of t	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if ralirad) Housewife ————	Missouri COUNTRY?
S	filed fely it per	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0.E	e file letely sit p	Simon Bolivar Phifer	Belle Valentine Phifer
RUCTI uires tha	rsician. ate be fi complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS 5001-Palisade Mr. Eugene H. Phifer-Bro Wash. D.
TRE	and and	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Z ×	الأق يه ق		Goodesia 5min
- 6	death ysician	MMEDIATE CAUSE (A)	ta
늗	2 5 4 3 1	DISEASES OR CONDITIONS, IF ANY, (B)	sed anti- inclosed your
TAL	that that ding	GIVING RISE TO THE ABOVE CAUSE DUE TO CC	
OSPI	the hospit equires the e attendia detached	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
Z.	アーギョ	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY? YES NO D≰
ANO	stained by The law Ited by should b	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
SICI	DIRECTOR: S been executed at a stembly		21f. HOW DID INJURY OCCUR?
	REC Seen ass		7. 19.50, to 11-3, 1966, that I last saw the deceased
NG		alive on 19 , 19 and that death occurred at	M, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNED
N O	ERAL Description control of the cont	M.D. 19	919-Seminary Rd., Sil. Spg., Md/ - 3 6
ATT	The bottom cr Certificate had death certific	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR NOV. 7, 1966 CEDAR HIL	
0	ုင္း	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	G	DATE NOV ? 1966 Jeliantes Judge	Thomas M. Ayong 1300-187. Dr.

CERTIFICATE OF DEATH THE DECEMBER OF THE And the state of t

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15958		KIAL FA	CERTIFICATE	OF DEATH			5960	
	PLACE OF DEATH		Herman	Page 184-95	2. USUAL RESIDENCE (W	here deceosed live			odmission)
0	ment go	MERLI	Count	MARYLAND	O. STATE MAR	uland	b. COUNTY	Mont	comer
b	o. CITY OR TOWN (If our side	rarnarate limits	c. LEN	GTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate lim	its, write RURAL	ond give neorest	town)
	write RURAL and give no	Spring	- 0	28hes. 28mi	* Kens	ingt	on	150	1
d	. NAME OF HOSPITAL OR IN				d. STREET ADDRESS	-1 1		0.	IS RESIDENCE ON A FARM?
	Holy P	ROSS A	Lospida	1	5013	LANGER	S AL		ES NO
	NAME OF	First		Middle	Lost	4. DATE	Month	Doy	Year
(	DECEASED Type or print)	STEPHE	EN	Charles	SHEA	OF DEATH	Novem	ber 15	1966
S. S	SEX 6. COL				8. DATE OF BIRTH			IF UNDER 1 YEAR Months Dovs	IF UNDER 24 HI Hours Mi
	Male W	WHE I	WIDOWED	DIVORCED	Nov.14,190	66	yrs.	marillis Doys	HOUIS WIII
	USUAL OCCUPATION (Give ki		10b. KIND OF B	USINESS OR	11. BIRTHPLACE (County I	& State, or foreign o	country)	12. CITIZEN OF COUNTRY?	WHAT
aurir	ng most of working life, ever	in rentea)	INDUSTRY		montgonies	Country	-Md.	COOKING	LSA.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	AME	- 1028		
	DANIEL	F	SHEA		Jeann.	e Ego	in		
15. (Yes	WAS DECEASED EVER IN U.S. s, no, or unknown) (If yes qu	ARMED FORCES?	16. SOCIAL SI	ECURITY NO. 17.	INFORMANT		Address		
(103	3, 110, 01 0111/101111) (11 703 91		7,100		ather so	me abo	ve ite	m # 2	
	18. CAUSE OF DEATH (En							14175	
			er line for (o), (b),	and (c).)	101				RVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY:	per line for (o), (b),	and (c).)	Heal Des	and			RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS		per line for (o), (b),	and (c).)	Heal Des	and			
	PART 1. DEATH WAS 15 HAS 16 Conditions, if ony, which the	CAUSED BY:  MMEDIATE CAUSE (o) _  DUE TO  JOVE ) (b)	er line for (o), (b),	and (c).)	Heal Des	ene			
	PART I. DEATH WAS 1545 IN	CAUSED BY:  MMEDIATE CAUSE (o) _  DUE TO  (o), (b) _  DUE TO	er lipe for (o), (b),	and (c).)	Heal Des	2-0			
	PART 1. DEATH WAS  15 45  Conditions, if ony, which a rise to immediate couse	CAUSED BY:  MMEDIATE CAUSE (o) _  DUE TO  (o), (b) _  DUE TO	er lipe for (o), (b),	and (c).)	Hear Des	and			
NOI	PART 1. DEATH WAS  15 45 In  Conditions, if ony, which arise to immediate couse stoting the underlying colors.	CAUSED BY: MEDIATE CAUSE (o) _ DUE TO  OUSE (b) _ DUE TO  (c) _ (c) _	Cenge	uld /	THE TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(o)	0NS	ET AND DEATH  WAS AUTOPSY PERFORMED?
ICATION	PART 1. DEATH WAS  15 45  Conditions, if ony, which a rise to immediate couse stating the underlying co lost.  PART 11. OTHER SIGNIFICAN	CAUSED BY:  MEDIATE CAUSE (o) _  DUE TO  GOVE (b) _  (o),  DUSE (c) _  IT CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO				0NS	ET AND DEATH
ERTIFICATION	PART 1. DEATH WAS  15 45 In  Conditions, if ony, which arise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	CAUSED BY:  MEDIATE CAUSE (o) _  DUE TO  OOVE (o), DUE TO  (c) _  OTT CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CON (Enter nature of injury in F			0NS	ET AND DEATH  WAS AUTOPSY PERFORMED?
AL CERTIFICATION	PART 1. DEATH WAS  15 45 IN  Conditions, if ony, which arise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	CAUSED BY:  MEDIATE CAUSE (o) _  DUE TO  OOVE (o), DUE TO (c)  IT CONDITIONS CONTI  YING  E OF DEATH EXAMINER)	RIBUTING TO DEATH  205. DESCRIBE H	BUT NOT RELATED TO	(Enter noture of injury in F	Port I or Port II of	item 18.)	19. 19. YES	WAS AUTOPSY PERFORMED? 5 NO
	PART 1. DEATH WAS  15 45 In  Conditions, if ony, which arise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	CAUSED BY:  AMEDIATE CAUSE (o) _  DUE TO  GOVE (o), DUE TO (c)  IT CONDITIONS CONTI  CYING  E OF DEATH EXAMINER)  Ath, Doy, Year	RIBUTING TO DEATH  205. DESCRIBE H	BUT NOT RELATED TO		Port I or Port II of		0NS	ET AND DEATH  WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stating the underlying colost.  PART 11. OTHER SIGNIFICATE  20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL HOUR o.m., p.m.	CAUSED BY:  MEDIATE CAUSE (o) _  DUE TO  GOVE (b) _  (O),  DUE TO  (c)  IT CONDITIONS CONTI  LYING	RIBUTING TO DEATH  20b. DESCRIBE H  20d. INJURY OF While IN Not work IN to the control of the co	BUT NOT RELATED TO  OW INJURY OCCURRED.  CCURRED 20e. PLA foc of While 60	(Enter noture of injury in f ACE OF INJURY (Home, form tory, street, office bldg., etc.)	Port I or Port II of	item 18.)  y or town)	19. YES	WAS AUTOPSY PERFORMED? 5 NO
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	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20c. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL Hour o.m., p.m.  21. I certify that saw the decease	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO  OOVE (o), DUE TO (c)  IT CONDITIONS CONTI  E OF DEATH EXAMINER)  19  (1) (this haspite	20b. DESCRIBE H  20d. INJURY Of While Not work Coll) attended the	BUT NOT RELATED TO  TOW INJURY OCCURRED.  CCURRED 20e. PLA of While foc	(Enter noture of injury in f ACE OF INJURY (Home, form tory, street, office bldg., etc.)	Port I or Port II of	item 18.) y or town)	(County)  19.  (County)  19.  (The second of the date)	WAS AUTOPSY PERFORMED?  (Stote)
	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stating the underlying colost.  PART 11. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL Pure of INJURY Montre of	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO  OOVE (o), DUE TO (c)  IT CONDITIONS CONTI  E OF DEATH EXAMINER)  19  (1) (this haspite	20b. DESCRIBE H  20d. INJURY Of While Not work Coll) attended the	BUT NOT RELATED TO  OW INJURY OCCURRED.  CCURRED 20e. PLA  of While 60c  for work 62c  e deceased fram  19 66, and the	(Enter nature of injury in F	20f. (City	or town)  Im causes ar	(County)	WAS AUTOPSY PERFORMED?  (Stote)
	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY MOI Hour o.m. p.m.  21. I certify that saw the decease.	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO  OOVE (o), DUE TO (c)  IT CONDITIONS CONTI  E OF DEATH EXAMINER)  19  (1) (this haspite	20b. DESCRIBE H  20d. INJURY Of While Not work Coll) attended the	BUT NOT RELATED TO  OW INJURY OCCURRED.  CCURRED 20e. PLA  of While 60c  for work 62c  e deceased fram  19 66, and the	(Enter nature of injury in F	20f. (City	item 18.) ( or town) (17 - 1)	(County)  19.  (County)  19.  (The second of the date)	WAS AUTOPSY PERFORMED?  (Stote)
	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20c. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL Hour o.m., p.m.  21. I certify that saw the decease	CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  GOVE (o), DUE TO (c)  IT CONDITIONS CONTI  CYING  E OF DEATH EXAMINER)  Ith, Doy, Year  19  (I) (this haspited alive on	20b. DESCRIBE H  20d. INJURY Of While of work of work of the control of the contr	BUT NOT RELATED TO  IOW INJURY OCCURRED.  CCURRED 20e. PLA for of While for e deceased fram 19 66, and the	(Enter noture of injury in FACE OF INJURY (Home, form tory, street, office bldg., etc.)  11-1-1-1, 1  11 death occurred at.  ATTENDING D. PHYS. 22d. ADDRESS	20f. (City 9 CC, to 9 S M, fro	item 18.)  ( or town)  ( L = / )  Im causes ar  STAFF PHYS.	(County)  (County)  (County)  19. (County)  19. (County)	WAS AUTOPSY PERFORMED?  (Stote)
MEDICAL	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL TOWN.)  21. I certify that saw the decease 22o. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO  DUE TO  ONE  (o),  DUE TO  (c)  IT CONDITIONS CONTIL  YING  E OF DEATH EXAMINER)  The Doy, Year  19  It (I) (this haspited delive on  Robert T	20b. DESCRIBE H  20d. INJURY OG While of on the control of the con	BUT NOT RELATED TO  OW INJURY OCCURRED.  COURRED 20e. PLA foc of While foc of the work for the w	(Enter nature of injury in FACE OF INJURY (Home, form tory, street, office bldg., etc.)  11-14 , 1 11 death occurred at  ATTENDING PHYS 22d. ADDRESS 5406 Cor	Port I or Port II of  , 20f. (City  9 CC, to  9 55 M, fro  MED.  DIRECTOR	item 18.)  ( or town)  Im (auses ar  STAFF PHYS.   at Ave.	(County)  19.  (County)  19.  7.  19.  7.  19.  22b. DATE SIGNE	WAS AUTOPSY PERFORMED?  (Stote)  at (I) (we) e stoted about
MEDICAL	PART 1. DEATH WAS  Conditions, if ony, which a rise to immediate couse stoting the underlying colost.  PART 11. OTHER SIGNIFICAN  20c. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF ETHER, NOTIFY MEDICAL CAUS CONTRIBUTION OF THE OTHER OF THE OTHER CAUS CAUS CAUS CAUS CAUS CAUS CAUS CAUS	CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  GOVE (o), DUE TO (c)  IT CONDITIONS CONTI  CYING  E OF DEATH EXAMINER)  Ith, Doy, Year  19  (I) (this haspited alive on	20b. DESCRIBE H  20d. INJURY OG While of of the off off off off off off off off off of	BUT NOT RELATED TO  IOW INJURY OCCURRED.  CCURRED 20e. PLA for of While for e deceased fram 19 66, and the	(Enter nature of injury in FACE OF INJURY (Home, form tory, street, office bldg., etc.)  11-14 , 1 11 death occurred at  ATTENDING PHYS  22d. ADDRESS 5406 Cor	Port I or Port II of  , 20f. (City  9 CC, to  9 S M, fro  MED.  DIRECTOR  23d. LOCATIO	item 18.)  ( or town)  ( L = / )  Im causes ar  STAFF PHYS.	(County)  19.  (County)  19.  7.  19.  7.  19.  22b. DATE SIGNE	WAS AUTOPSY PERFORMED?  (Stote)  at (I) (we) e stoted about

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then peace corbon papers. Pages and

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8 6 \$1179 CH \$500 CH \$100 CH \$250 CH \$100 A SHOP OF THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PARTY. AND THE PERSON AND PARTY OF TH Thirties I say the Charles of the Control of the Co foregreed, all designs of the and the seal

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1966

	15959	CERTIFICATI	OF DEATH		15981
1.	PLACE OF DEATH  o. COUNTY  OON TRANSPORTERS	MARYLAND	2. USUAL RESIDENCE (Where do	eceosed lived, if institution: b. COUNTY	Residence before odmission)
	b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)		c. CITY OR TOWN (If outside co	rporote limits, write RURAL of	and give neorest town)
E	ETHESDA	15MIN	Washington	, De.	1 e. IS RESIDENCE
-	d. NAME OF HOSPITAL OR INSTITUTION (IF no	, ,	d. STREET ADDRESS	N.W. Apt 10	ON A FARM?  YES NO
3.	NAME OF DECEASED (Type or print) Curtis	rst Aw Middle St	-// 01	ATE Month	Doy Year
	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct. 6, 1895		UNDER 1 YEAR   1F UNDER 24 HRS. onths Doys Hours Min.
10 de	Oo. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Congres	11. BIRTHPLACE (County & Stote,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME.		14. MOTHER'S MAIDEN NAME	ulla	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of	of convice)	INFORMANT SSIE C. Shields	Address	ld. Same
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (o), (b), ond (c).)	ocalusi	un	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a),	(b) Myacardia	Infracti	on	5 Weeks
	stoting the underlying couse   DUE	(c)			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CFRTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I o	r Port II of item 1B.)	
MFDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (1) (this hos	pital) attended the deceased fram_ 12-20 19 66, and the			on the date stated above
	220. SIGNATURE	1	D. ATTENDING MED. DIRECT	STAFF C	22b. DATE SIGNED  11-20-66
	22. PHYSICIAN'S NAME (Type) P.P. A	rews, M.D.	22d. ADDRESS 4/201 Faz	unden 57	M
23	30. BURIAL CREMATION, PEMOVAL (Specify) Burial 11/23		A PARTY NAMED IN	Arlington.	(County) (Stote)
	24. FUNERAL DIRECTOR Joseph Gawler's	ADDRESS	250 RECTO BY RE	GISTRAR Z5b. REGIST	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

15959 The American Commence of the Commence of 

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15960 CERTIFICATE OF DEATH

	PLACE OF DEATH		- CTATE	Where deceased lived, if institution: b. COUNTY	
	Montgomery	MARYLAND	Maryl	and	Montgomery
t	o. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II a	utside carparate limits, write RURAL o	and give nearest tawn)
	write RURAL and give nearest tawn)	3 days	Derwo	ood	15.1
(	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Montgomery General		Ц	Garrett Road	YES NO X
	NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year
(	Type or print) Amos	Loy	SHIPE	DEATH LL	- 6 1966
S. 5	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS.
m	ale white WIDON	WED DIVORCED	4/10/1884	82 yrs.	
		b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
auri	ng most of working life, even if retired)  farmer	INDUSTRY Farm	Virginia	A STATE OF	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Т	orenzo Dahl Shipe		Matilda	Cullers	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Ye	s, no, ar unknawn) (If yes give war ar dates of service)	• H	ospital Rec	ords Olney, Md.	
	18. CAUSE OF DEATH (Enter only one cause per lin		^		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (g)	Apopleyen,	heuronhan	eca	ONSET AND DEATH
	4221 DUE TO		9		
	Conditions, if ony, which gave ) (b)	rterio selevote	heuronkag	essolor disco	20 15 gh
	rise to immediate cause (a), stoting the underlying cause DUE TO				
	last.   (c)			-441-4-14-17	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO	STATE OF STREET				YES NO W
TIFIC		b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II o1 item 18.)	
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				The state of the s
B	20c. TIME OF INJURY Month, Day, Year 2		CE OF INJURY (Hame, form		(County) (State)
MED		While Not While fact	ary, street, affice bldg., etc.	.)	
	21. I certify that (I) (this haspitol) o	The state of the s		19, to	_, 19, that (I) (we) last
	saw the deceosed alive on	19 <u>66</u> , and tha		9:00 pM, fram causes and	an the date stated above.
	22a. SIGNATURE		ATTENDING -	MED. STAFF	22b. DATE SIGNED
	A. Odneyse	M.I	D. PHYS.	DIRECTOR PHYS.	
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) A. Dement Bon:	ifant, H.D.	Sandy S	Spring, Maryland	
23a	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	BEMOVAL (Specify) 11-9-66	Parklawn	The Royal Bloom	Rockville	Mont. Md.
24	FUNERAL DIRECTOR	tonsville, Md.			RAR'S SIGNATURE
P	rancis H. Barber Lay	cousattre, ud.	DATE N	10V 1 0 1966 0	7/m 1 0

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	159	61		CERTIFICAT	TE OF DEATH			1596	3	
	PLACE OF DEATH a. COUNTY			MARVIAND	a. STATE	(Where deceased lived	l, if institution b. COUNTY	Y		in)
-		gomery If autside carparate limi	te I	c. LENGTH OF STAY IN 16		vland autside carporote limit	r write DIIDAI	Montgon		
	write RURAL_an	give nearest tawn)	13,				S, WITH KUKAL	L Ond give neare	1 /	
	Olr	LEY AL OR INSTITUTION (If r		DOA	d. STREET ADDRESS	wo od			o IC DECIL	TENCE
								100	e. IS RESID	ARM?
		ery Genera			690				YES	
	NAME OF DECEASED		irst	Middle	Lost SHIPE	4. DATE OF	Month	Da 1		
	(Type or print)	HARR	-	ELIZABETH		DEATH		IF UNDER 1 YEAR	T 1/	
	SEX	6. COLDR DR RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (		Manths Doys	Hours	Min.
	Pemale	White	WIDOWED	DIVORCED	2/16/1888	7	yrs.			
	i. USUAL DCCUPATION	(Give kind af wark dand	e 10b. KIN	D OF BUSINESS OR		nty & Stote, or foreign co	untry)	12. CITIZEN O COUNTRY		
GUI		ewife	1110	Howe ID OF BOSINESS OK	Virgin	ia	300	USA		
13.	FATHER'S NAME				14. MOTHER'S MAIDI	N NAME				
	J. M.	Isenberg			Sallie	Fought				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16. 5		. INFORMANT		Address	ROCKWI	776	Md.
(10	no nikhuwn)	(If yes give war ar dates	OI Selvice)	•	Mildred L.	Ryan, 224	Great	Falls R	id.	1100
		EATH (Enter anly one co	iuse per line far (	a), (b), and (c).)					TERVAL BET	
	PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSI	(a) A	cente speche	umay &	elecus		1)	NSET AND D	EATH
	422	1	E TD		/					
	Canditians, if ony		(b) Aite	Tio selecut	- Carolis	Ecoules	Deser	21/	5212	1
	rise to immediate		E TD						8	
		1,113	(c)							
1	last.	,	1-7							
z		GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE	CONDITION GIVEN IN PA	ART 1(a)	19	. WAS AUTO	OPSY ED2
ATION		GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE	CONDITION GIVEN IN PA	ART 1(a)		PERFORM	OPSY ED? NO 🔀
HEICATION	PART II. OTHER S	S UNDERLYING 🗆		O DEATH BUT NOT RELATED TO					PERFORM	ED?
CERTIFICATION	PART II. OTHER SI 200. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING   CAUSE OF DEATH							PERFORM	ED?
	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year	20b. DES	CRIBE HOW INJURY OCCURRE		in Port I or Part II of i			PERFORM YES	ED?
MEDICAL CERTIFICATION	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJ Haur a.	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year n.	20b. DES	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Nat While  f	D. (Enter nature of injury	in Port I or Part II of it	tem 18.)		PERFORM YES	ED? NO 🔣
	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ Hour g.	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER) JRY Manth, Doy, Year n. 19	20b. DES  20d. IN.  While of wark	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1	in Port I or Part II of it	rem 18.) or town)	(County)	PERFORM YES (	ED? NO 🔀
	PART II. OTHER S.  20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ Hour a. p.  21. I certi	SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) JRY Manth, Doy, Year n. 19 fy that (1) (this ho	20b. DES  20d. IN.  While otwark	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work of the deceosed from.	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1	in Port I or Part II of it arm, 20f. (City of tc.)	or town)	(County)	PERFORM YES (	Stote)
	PART II. OTHER S.  20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ Hour a. p.  21. I certi	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER) JRY Manth, Doy, Year n. 19	20b. DES  20d. IN.  While otwark	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., actory, street, office bldg.,	in Port I or Part II of in arm, 20f. (City of	or town)	(County)	PERFORM YES (1) ( that (1) (	Stote)
	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INI Hour a. p.  21. I certi saw the d  22a. SIGNATURE	SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) JRY Manth, Doy, Year n. 19 fy that (1) (this ho	20b. DES  20d. IN.  While otwark spital) attend	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work  ed the deceosed from.  19 & & , and the	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1 actory are death occurred	in Port 1 or Part II of in par	or town)  Out	(County) , 19 <u>&amp;\$, t</u> nd on the do	PERFORM YES (1) ( that (1) (	Stote)
	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INI Hour a. p.  21. I certi saw the d  22a. SIGNATURE	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year n. 19  fy that (I) (this ho eceased alive an CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES  20d. IN.  While otwark spital) attend	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work  ed the deceosed from.  19 & & , and the	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., actory, street, office bldg.,	in Port 1 or Part II of in par	or town)	(County) , 19 <u>&amp;</u> C, t nd on the do 22b. DATE SIG	PERFORM YES (1) ( that (1) (	Stote)
	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJ Hour a. p.  21. I cert saw the d  22a. SIGNATURE	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  JRY Month, Doy, Year n. 19  fy that (I) (this ho eceased alive an_	20b. DES  20d. IN.  While otwark spital) attend	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While of work of the deceosed from 1966, and the	D. (Enter nature of injury  PLACE OF INJURY (Hame, 1 actory, street, office bldg.,  nat death occurred  M.D. ATTENDING PHYS.  22d. ADDRESS	in Port I or Part II of in part, 20f. (City of the color	or town)  or couses or couses.	(County) , 19 <u>&amp; C</u> , t nd on the do 22b. DATE SIG	PERFORM YES (1) ( that (1) ( the stoted NED	Stote)
MEDICAL	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ Hour a. p.  21. I cert saw the d  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year n. 19  fy that (I) (this hoeceased alive an A. Demen	20b. DES  20d. IN. While of wark spital) attend	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While  of work  ded the deceosed from  19 4 5 , and the	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1 actory at death occurred ATTENDING PHYS.  22d. ADDRESS Medical	in Port 1 or Part II of in par	or town)  or town)  or couses or  STAFF PHYS.   andy Si	(County) , 19 & C., t nd on the do 22b. DATE SIG	PERFORM  (I) (intension of the stote of the	Stote)
MEDICAL	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INI Hour a.  P.  21. I certi saw the d  22a. SIGNATURE	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year n. 19  fy that (I) (this ho eceased alive an A. Demen	20b. DES  20d. IN. While otwark spital) attend ware Bonif:	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Of Work  ed the deceosed from  19 45, and the deceosed from  23c. NAME OF CEMETERY C	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1 actory at death occurred ATTENDING PHYS.  22d. ADDRESS Medical	in Port I or Part II of in par	or town)  or town)  n couses of STAFF PHYS.  City or Town	(County) , 19 <u>&amp;</u> C, t nd on the do 22b. DATE SIG prings, n) (County)	responding to the stote of the	Stote)  Stote  a dobove
WEDICAL MEDICAL	PART II. OTHER SI  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJ Hour a. p.  21. I cert saw the d  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  JRY Manth, Doy, Year n. 19  fy that (I) (this hoeceased alive an A. Demental Day, 23b. Date 11	20d. IN. While of wark spital) attend Bonifier HEREOF	CRIBE HOW INJURY OCCURRED  JURY OCCURRED  Not While  of work  detection of the deceased from the decea	D. (Enter nature of injury PLACE OF INJURY (Hame, 1 actory, street, office bldg., 1 actory at death occurred ATTENDING PHYS.  22d. ADDRESS Medical R CREMATORY	in Port I or Port II of in arm, 20f. (City of the city), 1948, ta \( \text{M} \) at \( \text{MED.} \) MED. \( \text{Center, S:} \)	or town)  or town)  or town)  or couses or  STAFF PHYS.  (City or Town)  25b. REGI	(County) , 19 & C., t nd on the do 22b. DATE SIG	hat (I) (interstoted)  20860  Md.  yy) (S.	Stote)  Stote)  we) las

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15962	CERTIFICATE OF C	DEATH	15964
		COUNTY NO NOOME	2. <b>USUAL</b> o. STAI	RESIDENCE (Where deceased lived, if in	nstitution: Residence before admission)
		b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	3Mas 3DAS	R TOWN (If butside carporate limits, wri	TON 47.3
0	A	d. NAME OF HOSPITAL OR INSTITUTION (If not in hose ENSINGTON TARDENS		308-39th	PREET ON A FARM?
		NAME OF DECEASED (Type or print)  First	3. Middle SHipl	EY DEATH NO	Manth Day Year  1966  Ors I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	S. S	F W WII	ARRIED NEVER MARRIED B. DATE OF DOWED DIVORCED DIVORCED	20 1885 8 birthdo	ay) Manths Days Haurs Min. yrs.
	duri	. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	ass ports	IPLACE (County & State, or foreign country)  ARVANO  BRITTON NAMF	COOKIEY? S. A
	18	FATHER'S NAME LEX BIEL	ASKI	SELLES	SRAEL
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknewn (If yes give war ar dates af servi	- $ Col. f$	F.W. SHIPLEY	8345 Orange CT.
		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocardial in	Carctin	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), DUE TO	oronary arterio all	ewses	6 months
		last. (c)	BUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 10	(g) 19. WAS AUTOPSY
1	FICATION	Cerebral arterio	ecleroses Sovere  20b. DESCRIBE HOW INJURY OCCURRED. (Enter natur		PERFORMED? YES \ NO
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE OF INJUR		
	MEDI	Haur a.m. p.m. 19 21. <b>I certify</b> that (I) (this hospital)	While at work at work attended the, deceased from		- 3., 19.66 that (I) (%) last
		saw the deceased alive an 220_SIGNATURE	2. 3 rd 19 66, and that death of	accurred at 1300M, fram car	uses and an the date stated abave.  22b. DATE SIGNED
		22c. PHYSICIAN'S	dman M.D. ATTENE PHYS. 22d.	ADDRESS PHYS.	C+ N: 11/5 / 20
/	230	NAME (Type)  BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY		
	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR	66 Congressional Ce	25a. REC'D BY REGISTRAR 25	SE SECISTRAR'S STGMATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deathealth.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

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1-100m	_	-		47

## CERTIFICATE OF DEATH

15985

-		•
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	O. COUNTY MADVIAND	O. STATE MODILE OF B. COUNTY P - SI
-	MONT GOMERY  MARYLAND  b. CITY DR TOWN (If outside corporate limits  C. LENGTH OF STAY IN 1b	MARYLAND C. Prince Levice
	b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ILVER SPRING COMOS. 8days	Hillcrest Estates 16.2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
E	and a special of Traffice of Par	2510 AFTON STREET S. F YES NO NO
1/2	NAME OF FIRST HONE 2101 FAIRLAND ROAD	The Civil of the C
1	DECEASED	lost 4. DATE Month Doy Year
	(Type or print) HARRIET L	SHULL DEATH NOV. 20 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.
F	EMALE WHITE WIODWED DIVORCED,	1ARCH 31 1881 85 yrs. Months Doys Hours Min.
	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
dur	ing most of working life, even if retired)	COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13.	FAIREK 3 NAME	
J	OSEPH S.W. HARRIS	TRITCHARD, Elizabeth
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	NFORMANT Address
(16	es, no grunknown) (If yes give wor or dotes of service) 564-22-7897 7	Parcaset P. Higdon Same as # 2
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	Pargaset P. Higdon Same as # 2
	DADT I DEATH WAS CALISED DV.	ONSET AND DEATH
	IMMEDIATE CAUSE (o) LA REMIA	2 days
	6000 DUE TO	- · · · · · · · · · · · · · · · · · · ·
	(conditions, if ony, which gove) (b) acule Fulmine	ating PyelonephRitis.
	rise to immediate couse (o), stating the underlying couse DUE TO	
	last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
NO		DEPENDMEN?
CERTIFICATION	Generalized ATERIOSclero	
E	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
E	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
MED		ory, street, office bldg., etc.)
	DI WORK OF WORK	5/12 , 1966 , ta 1//20 , 1966 , that (1) (we) last
	21. I certify that (1) (this hospital) attended the deceased fram	t death occurred at 9 M, from causes and on the date stated abave.
	220. SIGNATURE	ATTENOING MED. STAFF 22b. DATE SIGNED
	Kaymond . Devock MM.	D. PHYS. DIRECTOR PHYS. 1/1/5 0/66
	126. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) RAYMONU T. BEN ACKMO	19115 Colle DRIVE, Wheaton, MD
230		CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	b. BURIAL, (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR Ft. Lincoln	
24	4. FUNERAL OIRECTOR ADDRESS	Tallot F. G. Md.
		NUV 2 1 1966 110/1- 10 0
T	rancis Gasch's Sons Hyattsville, Md.	DATE ~ 1 1000 grances years

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please permove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
FORE	CEDTIFICATE OF DEATH	4 79 45

1	15964 CERTIFICATE	OF DEATH
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	11100 + 2000	a. STATE Md. b. COUNTY Montgomery
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give flearest town)	0 1 0 1 11
1	Brookville Lite	KUSAI- Brookville 15.1
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
1	DAMASCUS ROAD	DAMASCUS ROAD YES NO 1
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) HER beet P.	MMS DEATH NOV. 1, 1966
1		B. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
	MALE WIDOWED DIVORCED I	3-3-1907 Jast birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
1	during most of working life, even if retired) INDUSTRY	COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
	Charles Simms	A) 11 a
1	JE WAS OFFICE STREET THE A PARTY TO SEE THE SECOND STREET TO SECOND STREET	UTIVE HAINES
1	15. WAS OECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (If yes give war or dates of service)	INFORMANT
1	No - 214-14-4332 11	les Irene Simms - Brookville, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	e bladder, post operative 1964
1	1717	through
	Conditions, if any, which \ (a) With metastasis	the the literature leading
	gave rise to immediate	Nov. 1, 1960
	cause (a), stating the DUE TO	
	underlying cause last. ) (c) Anemia, Emaciat:	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?
-	OI .	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING T	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
- 1		
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC   Factor   20d. INJURY OCCURRED   20e. PLAC   Factor   20d. INJURY OCCURRED   20e. PLAC   20d. INJURY OCCURRED   20d. INJU	ry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Oct . 1964, to Note 1 , 19 66, that (I) (we) last
		death occurred at 6.2 PM, from the causes and on the date stated above.
	saw the deceased alive on Nov. 1, 19.66, and that	22b. DATE SIGNED
	W - 10 - 11 -	ATTENDING MED. STAFF
	22c, PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. Nov. 2, 1966
	NAME (Type) Howard E. Hall. M.D.	Sykesville, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	DUFIA 11-4-66 1-12111195	MAPE HOWARD COUNTY Md.
	24. FUNERAL DIRECTOR ADDRESS	ALOU -
9	Harry W. Hughe Sylesville 7	Nd DATE NUV 7 1966 Jolianley Judge

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

N 70	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SUI W. PRESTON STREET, BALTIMORE, MARTLAND ZIZUI
(IVI)	15965 CERTIFICATE OF DEATH 15967
funeral 1 and er death	1. PLACE OF DEATH  o. COUNTY Montgomery  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  o. STATE Maryland  b. COUNTY Montgomery
by the Pages aurs aft	b. CITY OR TOWN (If outside carparate limits, write RURAL and pre-pencest spring  c. LENGTH OF STAY IN 1b  DOA  c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Silver Spring
papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Holy Cross Hospital  d. STREET ADDRESS  716 McNeil* Lane  e. IS RESIDENCE ON A FARM? YES \[ \] NO [
carban ent, with	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Helen Elizabeth Simon DEATH NOV 13 1966
emave any eve	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  11/10/92  9. AGE (In years last bisthday)  White  WIDOWED K DIVORCED  11/10/92  100. USUAL OCCUPATION (Give kind of work done)  100. KIND OF BUSINESS OR  11. BIRSHPLACE (County & State-or fareignexountry)  12. CITIZEN OF WHAT
a de Cia	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  100. WIND OF BUSINESS OR OF WHAT COUNTRY?  100. WINDUSTRY  100. WIND OF BUSINESS OR OF WHAT COUNTRY?  100. WINDUSTRY  100. WIND OF WHAT COUNTRY?  100. WINDUSTRY  100. WIND OF WHAT COUNTRY?  110. BIRTHPLACE (Country & State, or garging country)  110. BIRTHPLACE (Country & State, or garging country)  111. BIRTHPLACE (Country & State, or garging country)  112. CITIZEN OF WHAT COUNTRY?  USA
o de de	Thomas Krasko unavailable
ermit. In, or rer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service) 7/8-05-7286D Mrs. Gogalski, Frank Silver Spring, Md.
by the cremation cremation	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) ONSET AND DEATH ONSET AND DEATH
ing priyate seen signed the burial.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (b) ARTERIOSCIEROFIC CARNOVIRCULAR DISEASE IS FIRE TO THE TO CONTROL OF THE
se a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES \( \sum \ NO \( \sum \)
certification bed far af He	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
De per le la	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 While at wark 19 to two things at wark 19 to the street, office bldg., etc.)
rok: Affinancia bin the Sight the Si	21. I certify that (I) (this haspital) attended the deceased fram
DIRECT STATES OF	220. SIGNATURE  Ober T. Friedrich M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVISION NOV 13 1960  220. PHYSICIAN'S 220. ADDRESS 7733 PLASKA PLEVUE NOV.
NERAL Tor, po	NAME (Type) ROBERT L. KRICHMAR ND. WASHINGTON DC 20012
To FUI direct shau	23g. BURIAL, CREMATION, REMOVAL (Specify)  Nov. 16, 1966 Parklawn Cemetery  23d. LOCATION (City or Town) (County) (Stote)  Rockville, Maryland
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil rector, page 3 should be detached for use as the burial-transit permit. Then hauld be filed with the State Dept. af Health priar to burial, cremation, or removal, and the state Dept. After the burial, cremation, or removal, and the state Dept.

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Parklawn Cemetery

250. REC'D BY REGISTRAR

Rockville, Maryland 25b. REGISTRAR'S SIGNATURE

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Vancature 1999		beatgroup 1	Impost of
		Sample dovice	
gand stone that		776 Hotel25 role	
	da in		
ealth eater-T		4A 26/01/11	
	annik alityi-	* TRANSPORTER	
possess armodi.		slom invites	
Local Total	de la la calair.		The population of the state of
		The contest will also made	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15966 death requires that the death certificate be executed within 24 hours after death physician and completely filled in by the funeral en please remove corban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery a. COUNTY Marvland b. City or Town (If outside corporate limits, write RURAL and give nearest town) Maryzand MARYLAND hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Potomac Unknown Potomac e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ve corbon popers. Oaks Farm River Oaks Farm River YES NO 3. NAME OF Middle 4. DATE First Last Month Year DECEASED Albert (Type ar print) DEATH November IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS ond in any ever 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED Jast birthday) 56 yrs. Manths Days Haurs 10-12-1910 White WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) **INDUSTRY** Realtor
13. FATHER'S NAME Washington, D.C. Smith Bertha Parsons Jasper A. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the ottending buriol-tronsit permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) Mrs. Vena S. Smith- See Item No. 2. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Carcinoma ancres IMMEDIATE CAUSE (a) be retained by the hospitol or ottending physician. Canditians, if any, which gave WILLES rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been detached for use os the te Dept. af Heolth prior to ATTENDING PHYSICIAN: The low WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While Stote at wark at wark 1966, ta_ , 19 66, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from_ director, page 3 should should be filed with the 1966, and that death occurred at 10 A. M; from causes and an the date stated above. saw the deceased olive an. 225. SIGNATURE 22b. DATE SIGNED. DIRECTOR PHYS M.D. PHYS 22d. ADDRESS, 8218 Page 4 may b Fitzgerald Ave. Bethesda. Md. Blaine Wisc. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) 11-28-1966 Ft. Lincoln Cemetery Prince Georges 25a. REC'D'BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Joseph Gawler's Sons VR A15 (4) 20 M 1/66

15965 The state of the s

MADVIAND STATE DEPARTMENT OF HEALTH

		IIIPAIN	PAL	ID JIMIL	DEI	711	I ILITERIAL O	III III III			
vision	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W.	<b>PRESTON</b>	STREET,	BALTIMORE,	MARYLAND	2120
4											

15967

CERTIFICATE OF DEATH

15969

	PLACE OF DEATH COUNTY MONTGOME	ery	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY											
	b. CITY OR TOWN write RURAL ar	(If outside carporate limit	s,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou		mits, write RURA	L and give nea	arest town)				
		nd give nearest tawn)		36 days		Washingto	n, D.C.		5	17,3	3			
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS 427 R Stre	et, N.W.			e. IS RESIDENCE ON A FARM? YES NO 24				
	NAME OF DECEASED (Type or print)	Genev	rst B	Middle <b>Jemmie</b>		Last SMITH	4. DATE OF DEATH	Month Nov			Year 966			
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	- la	E (In years	Months Do		DER 24 HRS. Min.			
1	Female	Negroid	WIDOWED	DIVORCED		27 Nov 192	6	st birthday) Yrs.	Monnis	riouis	Pull.			
10a dur	. USUAL OCCUPATIO in most of working Housewi	N (Give kind of wark dane Life, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County Akin, Sout			12. CITIZEN COUNTS					
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		1346 10					
	MACONSIDIE	James	Smith			JUDISDOOMS.		e Andre						
15. (Y	WAS DECEASED EV es, no, ar unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates	af service) 16.	SOCIAL SECURITY NO.		NFORMANT ert L. SMIT		R Stores		(Husb	and)			
	Canditians, if an rise ta immedia stoting the undust.	te cause (a), erlying couse	(b) TO	TO DEATH BUT NOT BE	ATED TO	THE TERMINAL DISEASE CO	NDITION CIVEN IN	DADT 1/al		19. WAS AL	ITOPSY			
CATION	PAKI II. UIHEK 3	IGNIFICANT CONDITIONS	UNIKIBUTING	TO DEATH BUT NOT KEE	AILD TO	THE TERMINAL DISEASE CO.	ADITION SIVEN IN	TAKT I(U)		PERFOR YES	NO 2			
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  GCCAUSE OF DEATH Y MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port i or Part II o	of item 1B.)						
MEDICA	Haur a	.m. 19	While at wa	rk at work	fact	CE OF INJURY (Home, form ory, street, office bldg., etc.		ty or tawn)	(Caunty)		(State)			
ß	saw the	ify that (t) (this ha	spital) atter 26 No	nded the deceased v 19 66,	fram_2 and tha	t death accurred at	645P M, fr		ind an the o		(we) las ed abave			
	22a. SIGNATURE	Jahre 1	Mu	llen	M.I		MED. DIRECTOR	STAFF PHYS.	27 No	4.4				
	22c. PHYSICIAN NAME (1 yp	o)John C. MU	LIEN,			22d. ADDRESS U.S. Nav				, Md.	•			
	D. BURIAL, CREMAT BURIAL, CREMAT BURIAL, CREMAT Specif	y) 12-1-1	.966			CREMATORY Cemete				unty)	(State)			
M	EUNERAL DIRECT	Schey New	Jerse Was	y A vendoress thington D.	R St		EC 2	1966 REG	ISTRACE SIGN	TURE Ju	dge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use os the burial-transit permit. Then bease remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health prior ta burial, crematian, ar removel, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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. 67	Committee of the commit	M HOS WALLEY	MM to-d	Taring and
		A THE SALVE	, <u>, , , , , , , , , , , , , , , , , , </u>	e a white

FOR STATE HEALTH DEPT.

PM3. Page

delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within '24 haurs after death. If

TO DEPUTY MESTAL EXAMINER:

Office along with farm

sages I and 2 with the State Department af Health ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examines. File 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

18&21 Film 384 1-19-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON, STREET, BALTIMORE, MARYLAND 21201

	1596	8	Ite	MEDIC	AL EXAMI	NER'S	CERTIFICAT	E OF DE	ATH		159	7(1)
0	LACE OF DEATH COUNTY Montgom	ery				RYLAND	2. USUAL RESIDER O. STATE Md C. CITY OR TOWN			b. COUNTY	Montgoi	mery
b	write RURAL one Wheator	It outside corpored give negrest to	ote limits, wn)		c. LENGTH OF STAY				orate limits,	write RURAL	and give heares	it town)
d	Holy C	AL OR INSTITUTION		nospitol, giv	e street address)		d. STREET ADDRES	Ga Ave.	#102			e. IS RESIDENCE ON A FARM? YES NO
0	IAME OF DECEASED Type or print)		First Jean		Middle		lost Smith	4. DAT OF DEA		Month 11	Doy 20	Year
S. S	f	6. COLOR OR F		MARRIED <b>X</b>	NEVER MARRI		8/9/12	1911	9. AGE (In		UNDER 1 YEAR Doys	Hours Min.
1Do. durir	USUAL OCCUPATION ng most of working	(Give kind of wo life, even if retire nousewi:	ork done d) <b>f e</b>		OF BUSINESS OR ISTRY Nome		11. BIRTHPLACE		n country)		12. CITIZEN OI COUNTRY?	
13.	FATHER'S NAME  David E	vans					14. MOTHER'S MA	na Robe	erts			
1S. (Yes	WAS DECEASED EVE , no or unknown)	R IN U.S. ARMED I (If yes give war o	or dates of serv	rice)	cial security no.		nformant son A. Sm	ith !	10803 (	Address	ia Aveni	ue aton, Ma
	18. CAUSE OF DI PART J. DEAT					and h	ypovolen	nic sho	ck du	e to	INT	ERVAL BETWEEN ISET AND DEATH
	581.0 Conditions, if ony	, which gove )	DUE TO		remesis							
	rise to immediat stating the under last.		DUE TO	Fatt	y Metam	orpho	sis of I	iver	15	72		
ATION	PART II. OTHER SI	GNIFICANT COND	ITIONS CONTRI	IBUTING TO	DEATH BUT NOT R	ELATED TO 1	HE TERMINAL DISEAS	E CONDITION G	IVEN IN PART	1(0)		WAS AUTOPSY PERFORMED? 'ES NO
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.			20b. DESCI	RIBE HOW INJURY	OCCURRED.	(Enter noture of inju	ry in Port I or I	Port II of iten	1B.)		
MEDICAL	2Dc. TIME OF INJU Hour o.r	n.	, Yeor	2Dd. INJU While of work	Not While of work		E OF INJURY (Home ory, street, office bldg		f. (City or	town)	(County)	(Stote)
	21. I certification deoth result		-	the remo		<i>L</i>	CHIEF ME			Inquiry ned moni	ner 🗌	in my opinic

SIGNATURE **EXAMINER'S** NAME (Type

NAME OF CEMETRY OR CREMATORY DATE 23c. Arlington National 1966 Cem.

(City or Town) Arlington.

(Stote)

BURIAL, CREMATION REMOVAL (Specify) REGISTRAR 5 1966

Virginia REGISTRAR

Secondarial SW-2

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1 (M)

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15969

## CERTIFICATE OF DEATH

15971

	LACE OF DEATH					2. USUAL RESIDENCE				dence befare adm	nission)
	. COUNTY Montgome	700		MAR	RYLAND	a. STATE DIS 4859 Rockw			COUNTY	st. of (	To:
	CITY OR TOWN (	If autside carparate limit	s,	c. LENGTH OF STAY	IN 16	, c. CITY OR TOWN (If	outside corpo	orote limits, write	RURAL ond		
1	write RURAL and	give nearest town)		C11- 3015 1	1/0/6	WASH				11-	7 2
-	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in basnital a	rive street ordress)	1 4 4 8				- 3	e. IS I	RESIDENCE
				live sileer oddress)		7		Rockwo	OD PI	WY ON	A FARM?
		ty Nursing				901 Arcola			NIV	7	NO X
	IAME OF ECEASED	1	irst	Middle		Last	4. DATE	Noto.	Manth	Day	Year
(	Type or print)	George		Edward	-	Snyder	DEAT				1960
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED 🔲 8	. DATE OF BIRTH		9. AGE (In year last birthdoy			NDER 24 HRS. urs Min.
	M	W	WIDOWED	DIVORCI	ED 🔲	2/24/1880		86 Y	S.		
		(Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (Coun	nty & State, ar	fareign cauntry)	12.	COUNTRY?	71
	Postmast	life, even if retired)	IN	DUSTRY		Randallst	own . Be	alto. Co	. Md.	U.S.A.	
	FATHER'S NAME					14. MOTHER'S MAIDEN	N NAME				
	C C				300	W47handa	Marmon				
15	George S	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17. #	Wilhemia NFORMANT	MeMinen	<u> </u>	ddress (1)	Jin 2	0016
(Yes	, na, ar unknawn)	(If yes give war or dates	of service)!				01		10.	100	
	no			19-01-56	rirs	. Pauline	STOW A	4859 Roc	KWG.		
		EATH (Enter only ane ca TH WAS CAUSED BY:	use per line far	(a), (b), and (c).)	_	. 0.		/			ND DEATH
	TAKT I. DEA	IMMEDIATE CAUSE	(a)	arcin	win	a lan	yny			147	no.
	1617	1	10				1				
	Conditions, if any		(b)								
	rise to immediat stating the unde		TO								
	last.	)	(c)								
-	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE C	CONDITION G	IVEN IN PART 1(a	)	19. WAS PERF	AUTOPSY
9										YES	NO T
CERTIFICATION	20g. ACCIDENT WA	S LINDERLYING .	205 DF	SCRIBE HOW INITIRY	OCCURRED (	Enter noture of injury i	in Port Lor F	Port II of item 18	)	1.00	
EXT	OR CONTRIBUTING	CAUSE OF DEATH	200. 00	SCRIPE TIOTE INSORT	occounter.	cind notice of injury i					
		MEDICAL EXAMINER)	1001.11	NJURY OCCURRED	1 00 014	E OF INJURY (Home, fo	1 204	. (City or town	.)	(County)	(State)
MEDICAL	Hour a.r	JRY Month, Doy, Year n.	While			iry, street, affice bldg., et		. (CITY OF TOWN	'/	(county)	(aidie)
Σ	p.r		at war	k 🔲 at wark 🔲		10-	1	7.	<u></u>	,,	
	21. I certi	fy that (I) (this ho	spitol) atten	ded the deceased	d from 😃	or. 21		to NOU.		966, that (	I) (we) los
	sow the d	eceosed alive on_	nov.	8 1966,	ond that	death accurred	aff: 20 F	M, from caus	ses ond or	n the date st	ated above
	22a. SIGNATURE		. /	The state of	11.4	ATTENDING -	MED.	STAFF	22b	. DATE SIGNED	,
н	Cl	Wom	itt		M.D	PHYS.	DIRECTOR			1/8/6	6
	22c. PHYSICIAN'S		MITI	1	(A) (E) (A)	22d. ADDRESS	AFA	0/10	TUE 1	WHEATO	M.M.
	NAME (Type	A.W.S	1117	7		13018	450	RGIA 1	TVC I	OIA CVIIO	7,110.
23a.	BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEA	METERY OR	REMATORY	23d.	LOCATION (City o	r Town)	(County)	(State)
	REMOVAL (Specify Burial	11/11		Mt. Oliv					E. C.	fd. 2113	
24	FUNERAL DIRECTO		00	ADDRESS	46 001	2So. RE	EC'D BY REGIS	STRAR 2Sh	REGISTRAR	'S SIGNATURE	2
		Byers- 8728	Liber		ndalls		MON	1 4 196	000	harles	Judge
				•		UAIL	MUA	I T INU	U //	-/-	1 (1-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pay ician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospitol or ottending physician. VR A15 (4) 20 M 1/66

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Rendallatown, bulto. Co., Md. 11.8.11.

Mrs. Chuldon Stew AGES Louised. Mary. Law.

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13018 CEPRICA THE HINESTON AT

WATER BUTTON

1471283

This certificate should be executed within 24 hours ofter death. If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15972

	20040	20	
	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE b. COUNTY	ce before odmission)
	MARYLAND	Ind. Inc	m gomen
	b. CITY OR TOWN (If outside conforcte limits, write RUP) and give neotest town.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
$\vdash$	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS	e IS RESIDENCE
	SUBUL BE 17.	221 Oakmont au	ON A FARM? YES NO X
	NAME OF First Middle	2 Lost, 4. DATE Month	Doy Year
	DECEASED (Type or print)  May Elizabeth	Inyder DEATH NOT	12, 1966
S.		B. BATE OF BIRTH 9. AGE (In years   IF UNDER	YEAR   IF UNDER 24 HRS.
	7 (1) WIDOWED DIVORCED	Tille 31 1888 lost birthdoy) Months	Doys Hours Min.
10			
	USUAL OCCUPATION (Give kind of work done ng most of working life even if retired)  HOD. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT UNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
10.	James Howes	Eliza Freen	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
(∀€	s, no, or unknown) (If yes give wor or dotes of service)		
	ID CAHEE OF DEATH (Fater only one cause and fate for (a) (b) and (b)		INTERVAL BETWEEN
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	- entless Acute.	ONSET AND DEATH
	IMMEDIATE CAUSE (o) COTONSTY. I	nsufficency Acute-	1/2 m.
	H-1/! DUE TO		desce
	Conditions, if ony, which gave ) (b) Cordro Vas	EUDI DISCOSE -	years.
	rise to immediate cause (a), stoting the underlying couse DUE TO	-	
	lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO.	Recent Fracture - Left Ankle-		PERFORMED?
MEDICAL CERTIFICATION		(Enter noture of injury in Port I or Port II of item 1B.)	YES NO Z
ERTI			a chamba
11 0		Cousing Fracture & Left onkle	
DIC	Hour arm		inty) (Stote)
ME	early p.m. 9/22 1966 of work Not While Not While of work	ory, street, office bldg., etc.) Gaithers busy	Mont- Mol.
	21. I certify that I taok charge af the remains described above, he		ond in my opinion
		ide ], Homicide ]. Undetermined monner	
		CHIEF MEDICAL EXAMINER	
	SIGNATURE John S. Ball	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER DI//12/6	6
	NAME (Type) John G. Ball	Address (Street, city, town, or county)	
230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (		(County) (Stote)
	REMOVA Specify al 11-15-66 Neelsville	Neelsville Mont	Md.
2.4		2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	CMATURE
24	FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md.	250. RECIDINAR 250. REGISTRARS ST	

DATE NOV

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Wilst N-12-02 Nonlearing

Seconds H. Sameer Layrons Line, Bd.

Newlaville Ment Hd.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Whole to Mes.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Items la lb 20 CERTIFICAT	E OF DEALH /14/66 mh 153/3			
1. PLACE DF DEATH e. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
	a. STATE Maryland b. COUNTY Prince Georges			
b. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town)  MARYLANO  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town) /Hillandale Silver Spring 28 months	HAMandala Silver Spring 15./			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREFT ADDRESS I e. IS RESIDENCE			
1014 Robrou Drive	1014 Robroy Drive YES ND			
3. NAME DF First Middle	Last 4. DATE Month Oay Year			
DECEASED (Type or print)	Joffe DEATH November 1 1966			
	8. DATE DE BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNOER 24 HRS.			
Male White WIOOWED OIVORCED	August 20, 1920 46 yrs. Months Oays Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT			
during most of working life, even if retired) INDUSTRY				
Systems engineer 9.8.M. Brooklyn, New York U.S. F				
John Henry Softy Lillian H. Schmidt				
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address			
(Yes, no, or unkown) (If yes give war or dates of service)  WW 11  057-12-6362 Pa	tricia 2. Softy Histandale Md			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	Silver Spring, I INTERVAL BETWEEN			
PART I. OEATH WAS CAUSED BY:	ONSET AND DEATH			
IMMEDIATE CAUSE (a)	16436			
Conditions If any which \				
gave rise to immediate (				
cause (a), stating the OUE TO underlying cause last.				
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTDPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELIGIOUS CONTRIBUTING TO GEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO [7]			
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury in Part I or Part II of Item 18.)			
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   at work   at work	rry, street, office bldg., etc.)			
	November W, 1965, to Manhal 1966, that (1) (we) last			
	t death occurred att A.M. from the causes and on the date stated above.			
22a. SIGNATURE	22b. OATE SIGNED			
M.D. ATTENDING MED. STAFF DIVERSITY OF THE PHYS.				
22c. PHYSICIAN'S NAME (Type) BI AIRE HELC 22d. ADDRESS 12d. ADDRESS 12				
TOTAL ALL EIG	1861 coasuper of solutions us			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER				
Kurial   Nov. 4 1966   Ovanaton Memorial Gardens It. Wayne, Indiana				
24. FUNERAL DIRECTOR Shutshome ADDRESS Georgia Ave 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Warner & Pumphrey Inc. Silver Spring Modate NOV 4 1966 Policy Judge				

VR AI5 (4) 20M I/65

15973				
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THE RELATION			125	
Do to	the state of the same	Hotel Cerespon		James
And grant		Family 2		Separation of

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15972
CERTIFICATE OF DEATH
15974

-			QUI.	
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)		
	MONTGOMERY CO, MARYLAND	a. STATE DD b. COUNTY	General	
-	b. CITY DR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest fown)	
	write RURAL and give nearest town)	o. orri on roma (il outside corporate mints, write noral	16.2	
_	BETHESDA.	University PARK - Hya	TISVILLE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE	
_	SUBURBAN HOSPITAL	14216 Sheridan st	ON A FARM? YES NO	
3.	BEOLEGE	Last 4. DATE Month	Day Year	
	(Type or print) MAY Welling SOU	DER DEATH NOV.	29 1966	
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8	B. OATE OF BIRTH   9. AGE (In years   IFUNDER		
	F WIOOWEO DIVORCEO	11-7-1869   last birthday)   Months   97 yrs.	Days Hours   Min.	
10 du	a/USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10b, KINO OF BUSINESS OR INOUSTRY	11, BIRTHPLACE (County & State, or foreign country)   12, CI	TIZEN OF WHAT	
	Home Make R Ret. At Home	Howard Co. Mo U	SA	
Jak.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME		
	GEORGE Richardson	Laura Paynter		
1	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. es, no, or unkown)   (If yes give war or dates of service)	INFORMANT Address		
	1/1)	on Ogran Souder -	SAME	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN	
	PART I. OEATH WAS CAUSED BY:		ONSET AND GEATH	
	4/93 X IMMEDIATE CAUSE (a)	<u> </u>	7	
	Ocaditions If any orbital			
	Conditions, If any, which gave rise to Immediate (b)			
	cause (a), stating the OUE TO			
	underlying cause last. (c)			
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY	
SAT	Hotel D- We held	20 10	PERFORMEO?	
IFI	20a, ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUI	RRED, (Enter nature of injury in Part I or Part II of Item 18.		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ACCOUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nnew, tenter nature of injury in Part 1 of Part 11 of Item 18.		
AL		CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)	
MEDICAL	Hour a.m. While Not While factor	y, street, office bldg., etc.)		
M	p.m. 19 at work at work	0-1		
	21. I certify that (I) (this hospital) attended the deceased from		6, that 41) ( last	
	saw the deceased alive on 1966, and that	death occurred at A. M, from the causes and on the		
	22a. SIGNATURE	1 005 01	ATE SIGNEO	
	Marvin Waller, M. V. M.D.	ATTENOING MED. STAFF NOV.	29,1966	
	22c. PHYSICIAN'S	22d. AOORESS	Wast.Da	
	NAME (Type) MARUIN WADLER	8218 WISCONSIN A	ALE N.W.	
23	a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY	0 11.0	inty) (State)	
	REMOVAL (Specify)			
24	Burial Dec. 2,1966 Ft. Lincol 4. FUNERAL OIRECTOR ADDRESS	n Cemetery Bladensburg, M	S SIGNATURE	
	W. W. CHAMBERS, Co. Riverdale, Md	DATE DEC 1 1966 Icho	wees Judge	
V				

VR AI5 (4) 20M 1/65 The second of th

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DI
DIVISION OF STATISTICAL RESEARCH AND RECORDS

MARYLAND STATE DEPARTMENT OF HEALTH

CH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	A CONTRACTOR OF

15973 CERTIFICA	IE OF DEATH		1	5975
1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where e. STATE Washingto	b. CO! 14	ITY	ence before edmission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside co	orporete limits, write	RURAL and giv	e nearest town)
Wheaton, Md. 3 months				47-3
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
University Nursing Home 901 Arcola Ave.	7/10-Alacka	Ave. N.	W.	YES NO X
3. NAME OF First Middla Middla	Last 4. DAT			y Year
(Type or print) Anna nmn St	DEA:	TH Novem	ber 22	19 66
	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS.
F Caus. WIDOWED DIVORCED	5/1/03	last birthday) 63 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State,	1 00	12. CITIZEN	OF WHAT COUNTRY
done during most of working lifa, even if retired)	Marvland		11	S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME		(Maide	
Ciman Edlassitah	Flankah Fd	land hab		
Simon Edlavitch  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Elizabeth Ed	Lavitch		ed same)
(Yes, no, or unkown) (Ifyas give werordatas of servica)	MI ORMANI	Addiess		
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	10			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Brain.			>mo-
1430 DUE TO				
Conditions, if any, which (b)			5.00	
gave risa to immediata cause				
(a), stating the undariying				
	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY
OIN				PERFORMED?
208. ACCIDENT WAS UNDERLYING 1 1 206 DESCRIPE HOW INJURY OCCURRE				I IES   NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (thier nature of injury in Part I or P	ari II of Itam 10.)		
	CE OF INJURY (Home, farm, ! 20f. (	C14	(County)	(State)
	tory, streat, office bldg., etc.)	City or town)	(County)	(State)
1966 at work at work	i i	115		
21. I certify that (I) (this hospital), attended the deceased from.				that (I) (we) la
saw the deceased alive on 1966, and that	death occurred at	om the causes	and on the d	ate stated above.
220. SIGNATURE AND 10 Cementer	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
22c. PHYSICIAN'S Cyril A Schulman	1801 & 4e	SYNG	v. Wa	thing to De
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL SEPCIFY 11/23/66 King David N		CATION (City, 10)		(Stata) rginia
201201				3 -
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3501.		1000	GISTRAR'S SIGN	IATURE
Bernard Danzansky & Sons St., N. W. Wa	sh.D. Chateu. ~ 0	1356 10	Marles	Judge

VR A15 (4) 20M 5-63

University American Bone 901 Appoint Virgovitu TO THE MOST DELICION DESCRIPTION Alterior de la Company de la C Alexander of the second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15976

1.	a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE b. COUNTY	
		XXXXXXXXXXX Mor			Maryland	Pontgomery
	b. CITY OR TOW write RURAL	N (if outside corporate lim and give nearest town)	its, c. LENGTH OF STAY	IN 1b	c. CITY DR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
	Silver Si	pring	2 Weeks		Silver Spring	13.1
			not in hospital, give street ad	dress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Fairland	Nursing Home			1718 Priscilla Drive	YES NO NO
3.	NAME DF DECEASED	First	Middle		Last 4. BATE Month	Day Year
	(Type or print)	(-EORG	E WYMA	N	AWAIN DEATH NOV	5 19 66
5.	SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	□   8	last highday)	DER 1 YEAR IF UNDER 24 HRS.
	M	WI WI	DOWED DIVORCED		JUNE 30 1883 3 yrs. Month	is Days Hours Min.
1Da	a. USUAL OCCUPAT	ION (Give kind of work done			11. BIRT HPLACE (County & State, or foreign country)   12	COUNTRY2
	Ret. Lif	ing life, even If retired)  e Insurarice	Actuary		Brooklyn, N. Y.	U. S. A.
13	. FATHER'S NAM	E			14. MDTHER'S MAIDEN NAME	
	Enoch Sw	ain			Annie Wymand XX	
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITYND.	17.	INFORMANT 1718 Priscil	1-0.
(1	No.	None	199-09-3690	Res	ssie C. Swain Silver Strike	la Dr.
			se per line for (a), (b), and (c)		JAMES OF AN	INTERVAL BETWEEN
	PART I. DE	EATH WAS CAUSED BY:	CARDIAC	ARI	REST	DNSET AND DEATH
	420	IMMEDIATE CAUSE (a)	CHAPITE	,,,,,	(2.07	
	Conditions, If	any, which \	CORONARY	HE	ART DISEASE	4 YPS
	gave rise to	Immediate (	CONDINATION	1160	MAIDIBERSE	
	cause (a), st	tating the				
NO O	-		DATRIBUTING TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a)  19. WAS AUTDPSY
ATI	01-	_	-			PERFORMED?
E		WAS UNDERLYING TO	DISEASE	Y OCCII	RRED. (Enter nature of injury in Part I or Part II of Item	
CERTIFICATION	DR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	LDB: DEGOMBE HOW HISOK	. 0000	inter. (Enter listate of injery in fact to the first income	
		INJURY Month, Day, Year	20d. INJURY OCCURRED   20	On DIAC	CE OF INJURY (Home, farm,   2Df. (City or town)	(County) (State)
MEDICAL	Hour a.r		While - Not While -		y, street, office bldg., etc.)	(outre)
ME	p.r		at work at work			
			attended the deceased from	om_I	ANUARY, 1963, to NOV 5, 19	966, that (1) (**) last
		ceased alive on YOV	5 1966, ar	nd that	death occurred at 540M, from the causes and o	
	22a. SIGNATUI	RE C	Ban		ATTENDING MED. STAFF	11
	22c. PHYSICIA	word a	Reeman	M.D.	PHYS. DIRECTOR PHYS.	ov 5,1966
	NAME (T)		A. BEEMK	11/	0 1010	
-	DUDIAL ODEN		EDF   23c. NAME OF CEN	ACTOR		county) (State)
238	REMDVAL (Spe	ecify)				C MI
24	Cremation	7 A 33	966 Fort Linco	in (	emetery Prince Georges	
-		Carter Com	7(2000) 8434 Ge	orgi	a five! MOV	
_	Warner E	Pumphray, 2x	so. Silver	Spri	ng, MUDATE NUV 9 1966 you	carles Judge
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physician.

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Page 4 may

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Montgomery

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

(County)

22b. DATE SIGNED

Md.

(County)

0

e. IS RESIDENCE ON A FARM?

YES NO K

Year

IF LINDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET/AND, DEATH

WAS AUTOPSY PERFORMED?

(Stote)

15975 CERTIFICATE OF DEATH death. pup 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH funeral o. COUNTY Maruland Montgomeru after MARYLAND campletely filled in by the f nave carban papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Kensington write RURAL and give nearest town) van papers. Pag within 72 haurs Silver Spring mo. 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS East Faulkland Carroll Hall Sanitarium 3. NAME OF Middle DATE Month First please remave carban DECEASED (Type or print) OF DEATH AGE (In years S. SEX DATE OF BIRTH. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) WIDOWED DIVORCED Female physician and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Ret. Seamstress Knoxuille ANDUSTRY Jennessee ewing. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys Anna Flinnen Unknown (Comax 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wgr,or dotes of service) 17. INFORMANT Jenbrook Dr 16. SOCIAL SECURITY NO. permit. p 213-38-099 Vone ver spring 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial, ericscleresis Conditions, if ony, which gove rise to immediate couse (a). DUE TO priar ta l stoting the underlying couse has been the last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health p TO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work pe 19 (d), to_ 21. I certify that (1) (this hospital) attended the deceased fram_ shauld 19 66, and that deoth occurred at 955,0 M, from causes and on the date stated obove. sow the deceased alive on. with 22o. SIGNATURE STAFF directar, page 3 shauld be filed w DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cedar Lane. Bethesda. lames 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) It. Lincoln Cemetery 1966 Prince Georges 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

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BO MARINE DIRECTOR WITH THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15976 and 2 death. funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY h COUNTY after MARYLAND Pages b. CITY OR TOWN, (If autside comperate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b the c. CITY OR TOWN (If ourside carparate limits, write RURAL and give nearest town) within 72 haurs d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ₽. papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in høspital, give street address) filled NO [ YES Middle 3 NAME OF 4. DATE Day Year carban campletely OF DEATH DECEASED event, 19 (Type or print) IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years remave Manths birthday) Davs Haurs WIDOWED 🔀 , and in any DIVORCED and 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done & State, or fareign country) during most of working life, even if retired) NDUSTRY COUNTRY? edse attending physician sermit. Then please 14. MOTHER'S_MAIDEN NAM 13 FATHER'S NAME or remaya IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, pa, ar unknown) (If yes give war ar dates of service 21/1-05-6561 crematian, NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Coronary artery insufficiency IMMEDIATE CAUSE (a) à DUE TO signed burial Conditions, if any, which gave Coronary arteriosclerosis, severe rise to immediate cause (a), DUE TO stating the underlying couse as the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health YES ... NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) af OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. WEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Haur a.m. Nat While factory, street, affice blda., etc.) at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) oftended the deceased fram directar, page 3 should shauld be filed with the and that death occurred at 632M, from couses and on the date stated above. saw the deceosed alive 22b. DATE SIGNED 22a. SIGNAT ATTENDING MED. DIRECTOR PHYS PHYS 22d. ADDRESS NAME (Type) Dr . 8218 Wisconsin Ave., Bethesda, Md. Timothy Tehan 23b. DATE THEREOF 11/7/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BIREMOYAD (Specify) maHarperson. Harpers Ferry, West Pike REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rockville VR A15 (4) 20 M 1/66 Tyson Wheeler Funeral Home Marle DATE

within 24 haurs after death ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the

ATUG1 STATE OF THE PERSON OF THE PERSON ST Breggett 1 • = 1 = 1 the on Phoener Puneral Home Sandurate Tolant in the

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15077 CERTIFICATE OF DEATH 15070 15977

9 2		Items 7.8.9 Film G	383 11/28/66 mh
e in odi	3	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
urs 2 2 5	14	o. COUNTY MARYLAND	a. STATE b. COUNTY
오 부모품	7	b. CITY OR TOWN (il outside corporate limits,   c. LENGTH OF STAY IN 1b	MARYLAND MONTGOMER Y c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4 de p	B	write RURAL and give nearest town)	
in set		TAKOMA PARK	SILVER SPRING 15.1
thi ege	00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
T T T	0	11 14/4/2011 - 1 21/11/4/2017	ON A FARM?
ed tely	P.	"WASHINGTON SANITATIOSPITAL	8316-14 AVE. YES NOW
cut apple	A	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
8 E C E	20	(Type or print) LOUIS	ETTELBAUM DEATH NOVEMBER 2019 66
A Dor	14	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
9 5 5	M	1 A A	last birthday) Months Days Hours Min.
te e e	N-	191 While   WIDOWED   DIVORCED	7 - ? - 1888   78 yrs.
iji ji ji	1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hy hy	13	GROCER	POLAND USA
4 G 8 E	M.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ding Jean	1	TO 2 2 2 2 1 1 1	
den	9	JACOB TETTE LBAUM	INFORMANT SON Address SS.
the The Val	B	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unknown)   (Ifyasgiva warordatesofservica)	NFORMANT SON Address 5.5.
he he	1	NO	CK TETTELBAUM - 1160 × FILLMORE DY, MP.
t similar	17	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
or sic	1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
on,	A	IMMEDIATE CAUSE (a) A CUTE MY OC	actial Infanction Immedial
sign affi		DUE TO A OL C	over over
din din	2	Conditions, if any, which ) (b) It Kten except	in flet draw 5 years
be be uriginal	5	gava rise to immadiata causa	
T at has be	7	(a), stating the underlying	
る。事事	44	cause last. (c)	
as as to		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SI osp use ior	7	208. ACCIDENT WAS UNDERLYING 1206. DESCRIBE HOW INJURY OCCURRE  OF CONTRIBUTING 1 CAUSE OF DEATH  OF CONTRIB	11: LC1 Hankie HARVYSh YES NOW
H e h	Y	200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
Betape	2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Dy a p et	21		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
of at a po	1/2		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Nie R to	7	Hour a.m. While Not While at work at work	
E S C y S	$\vee$	21 I contify that (I) (this handal) attended the deceased from	Jane 1, 1960 to NOV 20, 1966 that (1) (wa) last
1年 20 2 3 4		21. I CERTIFY III (I) (IIII 1103DITAI) alloited iii deceased ii citi.	death occurred at 1.50 M, from the causes and on the date stated above.
Sta Sta			
OEDE		22a. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
AL AL		Marin Disrell Mi M	.D. PHYS. DIRECTOR PHYS. 1 100 20,1966
Wit Pa		22c. PHYSICIAN'S	22d. ADDRESS
ON Tor,	/	NAME (Typo) WARREN D. Brill, M.	2601-16 th Street, N.W. WASh. DC
H T S S S S S S S S S S S S S S S S S S		23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
5 gi 12 g		REMOVAL (Spacify)	
HH	0	BURIAL 11-21-66 BETH SHOLD	
	1	24 FUNERAL DIRECTOR'S SIGNATURE BERNARD DANZANSILY +SONS - WASHING	6 TON- 25a. REC'D BY REGISTRAR 25b. REGISTRARYS SIGNATURE
VR A15 (4) 2	2	DEED WHIT DYNKUNDIE! LOOKS - MUSICING	DATE NOV 2 2 1866 Charles Judge
2011 - 12 1	Ch. 2		

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15978

### CERTIFICATE OF DEATH

15980

-	2 5	/ •		10000									2.0	000
=======================================	P 9 6	73	1.	PLACE OF DEATH					2. USUAL RESIDENCE	Where decea	sed lived, if institu	tion: Residen	ce befare adr	missian)
qe	9 9		- (	. COUNTY MO	ntgomery		MADY	LAND	a. STATE Ma	ryland	b. COU	Pro	Georg	re's
ffer	e fr	/ 4					c. LENGTH OF STAY I		c. CITY OR TOWN (If o	U				
0	age s	to	175	write RURAL and	give nearest town)	5,	C. LENGTH OF STAT I	N ID		nbelt.		KAL ONG GIVE	; lieolezi lov	/II)
JU.	s. Pag	0	5	ilver Spr	ings Md.				dree	mber c,	rid.		16	- 2
24 hc	d in pers. 72 h	Whee Whee	Н	oly Cross	OR INSTITUTION (If n	at in haspital, g	ive street oddress)		d. STREET ADDRESS 62 E Ri	dge Ro	ad	1/4	e. IS ON YES	RESIDENCE N A FARM?
.=	P P P P P P P P P P P P P P P P P P P	P							II.					
that the death certificate be executed within 24 haurs after death an.	and campletely filled in by the funeral remave carbon papers. Pages Lead in any event, within 72 haurs afferded	oved		NAME OF DECEASED (Type or print)		rst 'ian	Middle D		Timmons	4. DATE OF DEATH	Novent	er	13,	Year 19 66
ted	umplet ve car event	FOX	-	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X	8. DATE OF BIRTH	1	9. AGE (In years	IF UNDER		INDER 24 HRS.
хесп	emave any e	apl		male	white	WIDOWED	DIVORCED		Nov 10, 196	6	lost birthday) yrs.	Months	3	ours Min.
9	an an	53			Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fo	areign country)	12. CIT	TIZEN OF WH	AT
9	8 8 8	Ban	duri	ng mast af warking li	e, even if refired)	IN	DUSTRY		Ma	ryland		1 ty	UNIRY?	
to to	E e Si		13.	FATHER'S NAME					14. MOTHER'S MAIDEN				~	
崔	5	ed	,		Ronald Tim	mons					Strang			
9	ling phy Then remove	o prod						1						
#	attending permit. The	notifi			IN U.S. ARMED FORCES? If yes give war ar dates	A M	OCIAL SECURITY NO.		INFORMANT		Addr		4.3	
de	attendi permit. an, ar r	ot	(	no	. [ 3	IN C	one	ron	ald Timmons		Greenbel	ι, ι	Md.	U SECTION !
he				18. CAUSE OF DEA	TH (Enter only one ca	se per line for	(a), (b), and (c).)	1.1	1	1	4			L BETWEEN
=	by the transit cremat	>		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	w Sing	den de	ath	d smde	Term	med ca	noe	ONSET A	AND DEATH
₹ B	by trar	n		7730	DUE		July Va		The state of the s	Λ				
res	signed by the burial-transit burial, cremat	ounty		Conditions, if ony,				(	Onid D	ith			1 - 36	
qui.	ign	Ü		rise ta immediate	couse (a)	(b)		-1 '	244 372	ain	2 /			
e D	d b	>		stoting the underl									200	
N P	th:	ery		last.	,	(c)								
The offer	e has use as	Montgom	CERTIFICATION	PART II. OTHER SIG	NIFICANT CONDITIONS (	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CO	NDITION GIV	EN IN PART I(a)		19. WAS PERF YES	FORMED?
AN O	for us Healt	n	윤	20a, ACCIDENT WAS	JNDERLYING	205. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature of injury in	Part I ar Pa	rt II of item 18.)			
D to	-	Mo	CERT	OR CONTRIBUTING D										
HAS has	this certi etached Dept. o		3			20d IN	JURY OCCURRED T	20a PLA	CE OF INJURY (Home, far	m. 20f.	(City or tawn)	(Cor	unty)	(State)
G PI	0 0	Jo.	MEDICAL	Hour o.m.	Y Manth, Day, Year 19	While	Not While		ary, street, affice bldg., etc		(city of lawity	(600	,[/	(31010)
N À	Stat	er		21   certify	thot (I) (this ho	nital) attend	led the deceased	from	11-11	1966	to //-/-	3 . 19	66 that	(I) (we) last
OR ATTENI	the	examiner			ceased alive on_		1966,	and tha	t deoth occurred o	3 41	M, fram causes	and on th	he date st	ated above
AT	D & #	all		220. SIGNATURE	^	N	0		ATTENDING **	MED.	STAFF		ATE SIGNED	
O Se	DIRECTOR 3 seed w	ex		Und	rever b	un	only	M.	D. PHYS.	DIRECTOR	STAFF PHYS.	] //-	14-	66
×	page e filed	_		22c. PHYSICIAN'S	A 1//	0	AIAI	)	22d. ADDRESS	1	1 1	n.I	New Car	rellter
Page 4 may	o FUNERAL director, pa shauld be fi	cal		NAME (Type)	Hndre	N to1	4 raint	<u> </u>	68036	ood	Luck	ROL.	Md 7	10784
005	Sta Pa	ij	230	BURIAL, CREMATION	. 23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR	Commercial	23d. L0	OCATION (City or To	own)	(Caunty)	(Stote)
H	FUNE director shauld	edi		REMOVAL (Specify)		, 1966			Cemetery	-	mar Mano	,	o Geo	Md.
07	2	F	24	FUNERAL DIRECTOR		7 1000	ADDRESS	7.11		D BY REGIST		EGISTRAR'S SI		
	VR A15 (4)	M	24	F. Gasch		Hvat	tsville, M	d.		NOV 1	7 1966		wellen!	Judge
	20 M 1/66	17.3		deport	0110	3 44 0			DATE	1.4	. V IVOU	1	. ~~	-

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		Constanting of the	
			age Camping Stone 13

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crentation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15979
CERTIFICATE OF DEATH
15981

10000		
1. PLACE OF DEATH a. CDUNTY MONT SOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 7616 B. St. NW	e. IS RESIDENCE
Bella Vista Nursing Home	571 University Blid	YES ND
3. NAME DF DECEASED (Type or print)  SETSOKO  Middle	Last 4. DATE Month DF DEATH NOV	28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH OCT 30 9. AGE (In years   IF UNDER 1   Months   Worth   Months   Worth   Wort	Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY		TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(UNK) (GASAWARA	TEIKO (UNK)	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or umkgwn) (If yes give war or dates of service)	INFORMANT Address  3SP/TM2 CHARI	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Augustales	- Inemuonia	ONSET AND DEATH
334XIMMEDIATE CAUSE (a) DUE TD		
Cenditions, If any, which (b)		
gave rise to immediate (	<del></del>	
cause (a), stating the underlying cause last.		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
5 Coultral & Severalness arts	triv soleron	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE  Series of Describe How Injury Occuping DR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	1 JULY 1965 to NOV 28, 19 6	that (I) (we) last
	t death occurred at M, from the causes and on the	
22a. SIGNATURE	22b. DA	TE SIGNED
Trehand Lawym M.		0 // 50
22c. PHYSICIAN'S NAME (Type) RKHARD KAUFMAN MO	17/2 EYE ST NW U	AST DC
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS		nty) (State)
CALEMATION (1) DEC 1966 NEE UCE MAIO		(.
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SSIGNATURE
MINASI TOWERAL HOME 1460 OFORGIA ME. NO	U. 72+ DATE DEC 2 1966 10 clian	les Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- / 1				10102						
		PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE  D. C. D. COUNTY						
	ŀ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
G		write RURAL and give negres town) KENSINGTON	4 mo 2lda	WASHINGTON 147						
	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	d. STREET ADDRESS N.W. e. IS RESIDENCE ON A FARM?						
0		CARROLL HALL SANIT	ARIUM	2401 CALVERT STREET   YES   NO						
	- 1	NAME OF First DECEASED (Type or print)  CFRATIONN	Middle	Lost 4. DATE Month Doy Year OF DEATH 11 - 19 66						
	5. 5			8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H						
Н		FEMALE WHITE WIDOW	ED DIVORCED	2-22-82   last birthday)   Months   Days   Haurs   M						
	10a.	. USUAL OCCUPATION (Give kind of work done 10th	. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT						
	duri	ing most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  WASHINGTON, D. C.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.						
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
7		JAMES TOOMEY		ELEEN C. MURRAY						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address KENSINGTON, I						
	(10	(If yes give war ar dates at service)		JOHN J. TOOMEY 4215 DONNEL LANE						
		18. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c).)/	INTERVAL BETWEEN ONSET AND DEATH						
	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Hellent-	Johnage men						
		443 X DUE TO	11	+ 11/1/2 200						
ni		Conditions, if any, which gave (b) (b)	a Herio & allis	Le stifferound 20 yrs						
		stating the underlying cause lost.	140	ant lesseare.						
	VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO						
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  19 While at work of wo								
		21. I certify that (I) (this hospital) at	rended the deceased fram	r death accurred at 1440M, fram causes and an the date stated ab						
		saw the deceased ofive an for 23	19 23, 010 110	22b. DATE SIGNED						
		Withet he	hors M.	D. ATTENDING MED. STAFF PHYS. DIFFERENCE DIRECTOR PHYS. DIFF 7-66						
1		22c. PHYSICIAN'S NAME (Type) W. FLEET LUC	KETT	5000 RENO ROAD, N.W. WASH. D.C.						
	230	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR							
		BURTAL 11-3-66	MT OLIVET	CEMETERY WASHINGTON, D. C.						
		RANCIS J COMONS 38	21 14TH.N.W.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						

to Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please femaly carban papers. Pages I and should be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15921

### CERTIFICATE OF DEATH

15983

1000			CERTIFICATI	OI DEATH			4	OU	20
o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before od o. STATE Maryland b. COMBntgomery					odmission)
Gaile Pure town	(If outside corporate limits, adjainer parest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote		RAL ond give	neorest t	rown)
	TAL OR INSTITUTION (If no ontrose Ave.		ive street oddress)	d. STREET ADDRESS 10801 Mon	trose	Ave.		e. YE	IS RESIDENC ON A FARM: S NO
NAME OF DECEASED (Type or print)	HARRY	st	V. TRA	AUB Lost	4. DATE OF DEATH		mber	Doy 10	Year 19 lol
Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 17 Jan.1901		AGE (In years Jost birthdoy) Yrs.	Months Months	Doys	Hours N
	N (Give kind of work done the even if refired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count W. Virgin	nia	eign country)		IZEN OF V UNTRY?	VHAT
3. FATHER'S NAME  John Tr	aub			14. MOTHER'S MAIDEN Etta Ja					
	ER IN U.S. ARMED FORCES?		18-14-9132 Mrs	INFORMANT  Maude L. T	raub-I	Addr	ess	in-	430
PART I. DE  356  Conditions, if on rise to immedic stoting the und	rte couse (o), erlying couse DUE	(o) / <del>)</del> ) 10 (b)	nyo Troph	ic LaTer	ral Si	Jerosi	ŻŚ.		VAL BETWEE
PART II. OTHER		(c) Ontributing t	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(o)		19. W PI YES	/AS AUTOPSY ERFORMED? NO
OR CONTRIBUTIN	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF IN	JURY Month, Doy, Yeor .m. 19	20d. IN While of work	Not While for	ACE OF INJURY (Home, for ctory, street, office bldg., etc		(City or town)	(Cou	unty)	(Stot
	t <b>ify</b> thot (I) (this hos deceased alive on	pital) attend	ded the deceosed from_ 19.66, ond the	oct at death occurred o	1965 to	from couses	and on t	he date	
220. SIGNATUR	ymond 1	B	enock "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D/	SO /	6
22c. PHÝSICIAN NAME (Typ	el RAYmon	d T.	02////		olie D	Rive	When	Ton	ml
230. BURIAL, CREMAT BURIAL (Speci	11/14/	166	23c. NAME OF CEMETERY OR Arlington	Vational	Arli	ation (City or To	Virgi		(Stote
24. FUNERAL DIRECT	eeler Funer	ral Hon	me-1331 Rocks	ville Fike	NOV 1	4 1956	EGISTRAR'S S	ignature	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, should be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death deritificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 982 OF STATISTICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Montgomery MARYIAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery
mai i Laito	- OLTY OR TOWN (If suitable segregate limits with DIDAL and this negreet four)
b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  raithers burg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Gaithersburg /5./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Asbury Methodist Home for the Aged, Inc.	1138 Slater Avenue 36 YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Viola Durham	Tredway DEATH November 8 1966.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO   8	9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Ist birthday)   Months   Oays   Hours   Min.
F W WIOOWED X DIVORCEO M	arch 22, 1879 87 vrs. Months days hours will.
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) iNDUSTRY housewife housewife	Harford County, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abraham Durham	Louisa Whiteforth
(Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT Address Gaithersburg
no none Asi	bury Methodist Home for the Aged, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(Grace Ref.) ONSET AND DEATH
IMMEDIATE CAUSE (a)	Company of the compan
Conditions, If any, which \ OUE TO & Guverheur	elis / hunhised 32 Lous
gave rise to immediate	ores progress
cause (a), stating the OUE TO	
underlying cause last. (c)	TFO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO OEATH BUT NOT RELA  20b. DESCRIBE HOW INJURY OCCU  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED  YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	4/1/63 19 to ///8/66, 19 that (I) (we) last
	death occurred \$1/5 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
Jelles College fill M.D	ATTENOING MED. STAFF PHYS.   11/8/66
22c. PHYSICIAN'S	22d. ADORESS / / Ball / D
NAME (Type) Henry Scruggs, M. D.	54/3 Gdas rune VX skisda me).
	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Chankama Wansand, Md :
Burial   11-11-1966   Watters Mem.  24. FUNERAL DIRECTOR ADDRESS	Leth. Cemetery COOPCOWN Har State and d.
27. TOTAL DIRECTOR	NOV 1 4 1966 Vollarley Judge

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

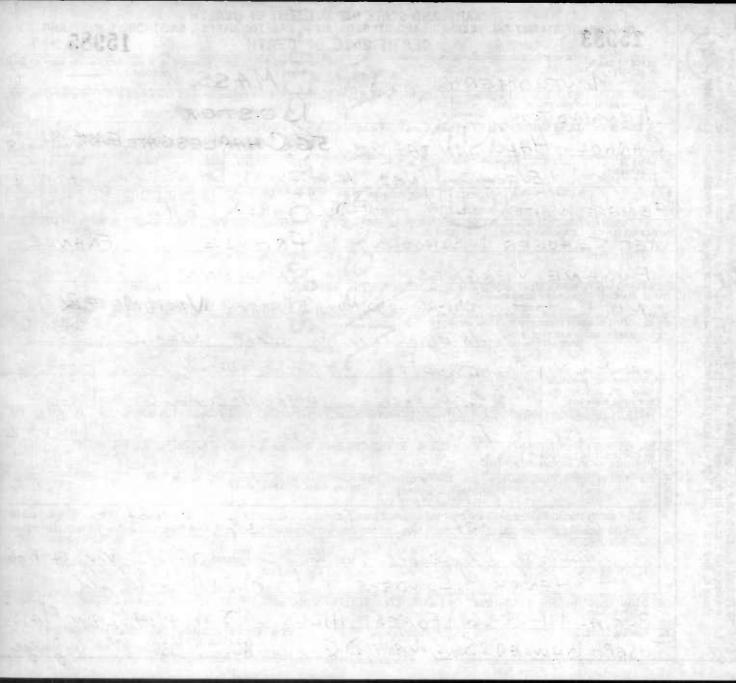
trementare! nendare (Jr. 20) THE CONTRACTOR OF THE PROPERTY OF To diswest the second of the s office and the incidence of the providence of th and the street of the street of the 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/ and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death; TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15985

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY MONTGOMERY MARYLAND	a. STATE MASS b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TENSING TON	130 STONON 58.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  ON A FARM?
CARROLL HALL SANITARIUM	56 CHARLES GATE, EAST, YES NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) EUGENIE NMI V	ERG-NES DEATH NOVEMBER 14 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last blighthday)   Months   Days   Hours   Min.
FEMALE WHITE WIDOWED DIVORCED	JULY 2, 1882 84 yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RET. TEACHER SCHOOLS	FRANCE FRANCE
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
EUGENE VERGNES	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or ynkown) (If yes give war or dates of service)	PS.KSRAPREY WASHINGTOW, D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ARTERIOSCLERO	IC HEART DISEASE ONSET AND DEATH
444 X DUE TO	
Conditions, if any, which ) ESSENTIAL	HY PERTENSION -
gave rise to immediate	
cause (a), stating the underlying cause last.	ARTERIOSCLEROSIS -
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
	YNDROME PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 5	CPT- 12, 1966, to NOV. 24, 1966, that (1) (we) last
	t death occurred at 5 . M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
fleworty fordle M.	D. PHYS. DIRECTOR PHYS. WWW. 44 1766
22c. PHYSICIAN'S NAME (Type) HENRY M. LOWDEN	22d. ADDRESS 206 NORWHY DR. CHEYY CHASE, MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 11-28-66 FOREST  24. FUNERAL DIRECTOR: ADDRESS	HILLS JAMACIA PLAIN, MASS.  1 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
The spy (- and spie South Wash )	MOV OR 1000 Policyle Quide
DOJETH GAWLER'S SONS, 10 43H. D.	C. DATE NOV 29 1966 fictionles Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		19307	WEDICAL EXAMINER'S	CERTIFICATE OF DEA	AIH	15986
HEALTH DERT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where dec	eosed lived, if institution: Resider	
is ge of		COUNTY	MARYLAND	mary land	b. COUNTY	mand a har
lay is 3 to Page ent of	-	b. CITY OR TOWN AT outside corporate imits.	c. LENGTH OF STAY IN 1b		orote limits, write RURAL and giv	e neorest town
y delly and PM3.	1	rite RURAL and give nearest town		-21-1		5,0
PA PA	14	d. NAME OF HOSPITAL OR INSTITUTION (If not in	bosnital give street address)	d. STREET ADDRESS	ca /	Le IS RESIDENCE
les 1, form form		9126	mospilot, give sheet dudiess)	OR 2	1,8	e. IS RESIDENCE ON A FARM?
Pages Vith for	1	the seven par	eks load	8400 Sesier	U packs 1m	YES NO
deoth.	3.	NAME OF DECEASED	Middle	Lost 4. DAT OF		Doy Year
hours ofter deoth. If any delay ltem 18. Give Pages 1, 2, and 3 Office olong with form PM3. Page 1 ond 2 with the Stote Deportment or deoth.	-	(Type or print)	ic Wa			20 19 66 1 YEAR   IF UNDER 24 HR
offe 8. G olor with	S.	- 3.	<b>A</b>	8. DATE OF BIRTH	9. AGE (In years IF UNDER Months	Doys Hours Min.
urs ce ce ce ce coth		- PUIV	WIDOWED DIVORCED	Dec 4, 1709	yrs.	
hours tem 1 Office ond2	100	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign		TIZEN OF WHAT DUNTRY?
the single state of the state o		ing post of working life (even if retired)	Moosiki	south C		ZISA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
within n pencil Examine Examine Fils ago		Jim Keels		maggie (	adh	
ed in E. F. F. F. F. F. F.		WAS DICEASED EVER IN U.S. ARMED FORCES? as, no, or unknown). (If yes give war or dotes of se		INFORMANT	Address 8/c	70
executed inding" ir Medical I permit. I within 72	10	is, no, or unknown girl yes give war or dores or se	me	Illen Was	Le Sevent	ackal Kank
ld be executed within rd "pending" in pending Chief Medical Exemple fronsit permit. File governt within 72 hours		1B. CAUSE OF DEATH (Enter only one couse p	per line for (o), (b), ond (c).)	1		INTERVAL BETWEEN
should be e the word "per to the Chief I burial-tronsit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Myocardial	Interation	· Acute -	20NSET AND DEATH
world word the Ch rial-trc		420.1 DUE TO				100000000000000000000000000000000000000
shoul e wor o the ourial-		Conditions, if ony, which gove ) (b)				
the state of the s		rise to immediate couse (a), Stating the underlying couse				
ficot ing rded as c ond		last. (c)				
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	100				YES NO
This icate be for the formal transfer of the	I SE	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 1B.)	
INER: Thise e certificate should be files. 3 should be files.		PRIMARY 🗀 or CONTRIBUTING 🗀 CAUSE OF DEATH.				
ute the cer age 4 shour your files. Page 3 sho cremation,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form, 20)	(City or town) (Co	unty) (Stote)
KAM ye 4 your age ema	MED	Hour o.m. p.m. 19	While of work of work of the foct	ory, street, office bldg., etc.)		
E Py		21. I certify that I took charge o		ld an Autansy 🔽 Inspe	ction 💢 Inquiry 💢	and in my apinio
MEDICAL pleose exec director. Petained for DIRECTOR: To buriol,			ouses 🗖 , Accident 🔲 , Suic		Undetermined manner	7
MEDIC.		0 1		CHIEF MEDICAL EXAMINE	_	
MEI pleo: directain		SIGNATURE Of M.	Ball	M.D. ASSISTANT MEDICAL EXAM	AINER	22. DATE SIGNE
JTY N iry, pluerol derol de rel be rel RAL D		EXAMINER'S		DEPUTY MEDICAL EXAMIN	IER X /2/1/66	
DEPUTY Scessory, p e funerol may be ra FUNERAL		NAME (Type)		Address (Street, city, tov	rn, or county)	
necessory, the funero 5 may be 0 FUNERA Health pri	23	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City or Town)	(County) (Stote)
7 1 2 5 1		REMOVAL (Specify) Burial 12/4/	66 Lincoln Pa	rk Cem. F	Rockville, Mo	onts. Ma.
VR A15ME (5)	2	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REG	STRAR 25b. REGISTRAR'S	SIGNATURE
6M 1/67	1	pull & silon	Cockville, M	DATE DEC 7	1966 Jelia	res Judge
W.		7				

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1598	5	CERTIFICAT	E OF DEATH		15987
o. COUNTY	ONTGOMERY	MARYLAND		Where deceosed lived, if institution CLAND b. COUNTY	
b. CITY OR TOWN (I	f outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL	ond give neorest town)
	give neorest town)	3 DAYS	WOOOBINE		16
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDEI ON A FAR
MONTGOM	ERY G ENERA	L HOSPITAL	ROUTE 2		YES N
3. NAME OF	First		Lost	4. DATE Month	Doy Year
(Type or print)	EFFIE	ALDER	WARFIELD	OF NOVEMB	
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		Months Doys Hours
FEMALE	WHITE	WIDOWED DIVORCED	9/17/87	79 yrs.	Monnis Doys Hours
	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
during most of working	ne, even it retired)	UNENE POLED	MARYLAI	ND	COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
ROBERT	WARFIELD		ROSE HILT	ON	
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	consiste)	INFORMANT	Address	
(165, 110, OF UHKHOWII)	(ii Aes dive mot or notes of	220-54-0335	HOSPITAL RE	CORDS	
Conditions, if ony, rise to immediate stating the under last.	e couse (o), lying couse	Delmour	yedemo	1	19. WAS AUTOR
CATION		NTRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOP PERFORMED YES N
	UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED			
20c. TIME OF INJU Hour o.n	10		ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (St
		tant) makemaland also also mand from	1 115	955, ta///2	, 1966, that (I) (4)
21. I certif		ital) attended the deceased fram.	at death accurred at	M, fram causes ar	
21. I certif saw the de 220. SIGNATURE		11/1 1966, and th	at death accurred at  A.D. ATTENDING PHYS. 22d. ADDRESS	M, fram causes ar	and an the date stated 22b. DATE SIGNED 11/2/66
21. I certif	eceased alive an	11/1 1966, and th	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF	
21. I certif saw the de 220. SIGNATURE 22c. PHYSICIAN'S	JAMES P.  23b. DATE THER  11-4-	KERR, M.D.  23c. NAME OF CEMETERY OF	at death accurred at  A.D. ATTENDING PHYS.  22d. ADDRESS DAMASCUS  CREMATORY	MED. STAFF DIRECTOR PHYS. D  MARYLAND  23d. LOCATION (City or Town Damascus, Md	11/2/66 (County) (Sto

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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		und spille des Seus pulle man	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15986
CERTIFICATE OF DEATH
15988

20000		0.000
1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Re     a. STATE     b. COUNTY	
Montgomery	District of Columbia	$\checkmark$
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) Bethesda 5 Days	Washington 4	7.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda 14, Marylan	d 1030- 47th Street, N.W.	YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Annie Granette	Washington DEATH November	25 19 66
1. MARKED   METEL MARKED IN	B. DATE OF BIRTH  9. AGE (In years   IFUNDER: last birthday)   Months	
O THOMAS DITOROLD	1 Faty 1900 31 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
Domestic	Virginia	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Washington	Nannie Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT The Medical Records,	
( 1 ca) the of minority   (11 ) ca give rigi of materials activities	e Clinical Center, Bethesda 14	, Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral Edema		36 Hours
7542 DUE TO	arteriosus	
	al Defect; patent ductus/	31 Years
gave rise to immediate	de Dorcoo, parene dacras,	
out of the second of the		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICATI		PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
	ry, street, office bidg., etc.)	nty) (State)
21. I certify that \$0 (this hospital) attended the deceased from 20	November 1966 to 25 Novembers 60	5. that (N (we) last
saw the deceased alive on 25 November 19 66, and that	death occurred at 6:00, from the causes and on the	e date stated above.
22a. SIGNATURE		TE SIGNED
Hanever fourt It	ATTENDING MED. STAFF PHYS. Z 25	Nov. 1966
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center,	National
NAME (Type) Hamner Hannah, 111, MD.	Institutes of Health, Bethes	da 14, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. COCATION (City, town or cou	nty) (State)
Brewal (Specify) Dec. 3 1966 Beulah Chu	rch Sesteylvania	Co. Ula
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S	A A
Wellend Billy Froker keling	, 26 DATE NOV 29 1966 gclian	les judge
The state of the s		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15987	CERTIFICATE	OF DEATH		15989
1.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If autside carperate limits.	e Ry MARYLAND	0. STAT 10 1/4	where deteased lived, if institution b. COLARY tside forparate kmits, write RURAL	lumbral
	write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	Mashen d. STREET ADDRESS 5/03	atom 16, D	Plany YES NO DE
	NAME OF DECEASED (Type or print) STELLA	Middle	Last	4. DATE Manth OF DEATH NO O	Day Year 1966
	j- 11/	MARRIED NEVER MARRIED BY VIDOWED DIVORCED /  10b. KIND OF BUSINESS OR	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
du	a. USUAL OCCUPATION (GIVE Kind at Wark dane ring mast af warking life, even if retired)	Wind of Business or 71. Not. Ret.	11. BIRTHPLACE (COUNTY)  12. MOTHER'S MAIDEN N	ce	COUNTRY?
15	SHELAH WATERS WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	ELIZA E		
	(es, na, ar unknawn) (If yes give war ar dates af sei	vice) Man		5 Washingto	
	1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a. The a - Van all	Le Cere	local	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a),	cosculor d	bream		1960
	stating the underlying cause (c)	gerelyed	corteer	seleross	20 4/20
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI				19. WAS AUTOPSY PERFORMED?  YES NO
		20b. DESCRIBE HOW INJURY OCCURRED. (			
MEDICAL	p.m. 19	While at wark factor	E OF INJURY (Hame, farm ary, street, office bldg., etc.)	11/	(Caunty) (State)
	21. I certify that (4) (this haspite saw the decaysed after by	al) attended the deceased fram		967, ta/3 23014M, fram causes an	, 19 <b>46</b> that (1) (we) last and an the date stated abave
	22a. SIGNATURE	, M.C		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN S NAME (Type)	Kreuzburg	22d. ADDRESS 2P5 2	16-10W	1082h 12 DE
23	BENDY LEPTORY)  23b. DATE THEREO 11/8/66	Mt. Olivet	Cemetery	Washington	i, D.C.
T	4. FUNERAL DIRECTOR  yson Wheeler Funera:	1370bre Rockville, M	aryland DATE	NOV 9 1956	STRAR'S SIGNATURE
-			40.		Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campered filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave atthorporals. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death, VR A15 (4) . 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

45000

	15988	CERTIFICATE	OF DEATH		19990
(	PLACE OF DEATH a. COUNTY Montgomlry	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institution b. COUNTY	
ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	2 //	e carparate limits, write RURAL	and give nearest tawn)
	Takena	Park 20 days	Silver S	oring	15-1
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
9	Washington Sanitar	ium + Hospital	7611 Ann	istead rd.	YES NO Z
	NAME OF First DECEASED 71	Middle		DATE Manth	Day Year
(	(Type ar print) Jaa	Mary	Weber	DEATH //	23 1966
5. 5	011	MEVER MARKIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	- Charle William	WIDOWED DIVORCED	9-5-1915	3/ YIS.	
	i. USUAL OCCUPATION (Give kind af wark dane ing mast af warking life, even if retired) HSW	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ate, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY'S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E /	
	Michael Cu	isciana		masciende	
15. (Ye	was DECEASED EVER IN U.S. ARMED FORCES? es, na ar unknawn) (If yes give war ar dates af se	rvice) 578 34-9448 17. I	INFORMANT Louis M.		Same as # 2/
	1B. CAUSE OF DEATH (Enter anly ane cause p		^	11	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Cardiac.	Renal an	of resperato	My ONSET AND DEATH
	170X DUE TO	, ,	1 + +	-	
	Canditians, if any, which gave ) (b)	Jailine a	ul asfe	new molorelas	els
	stating the underlying cause DUE TO	from adenocarce	noma of my	of Poreasi	× 4 years
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part	I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
		at) attended the deceased from_	Nac , 196	of tonor 23	_, 1966 that (1) (we) la
	sow the deceased olive an	23 1966, and tha	t death occurred at/2	M, from causes ar	nd on the dote stoted abov
	22a. SIGNATURE WE AN	Mman M.		D. STAFF PHYS.	22b. DATE SIGNED Mov 23, 196x
	22c. PHYSICIAN'S NAME (Type) W. W.	ASTMAN Md	22d, ADDRESS 200 A	rospect.	Jekp Ml
230	D. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City or Town	
	remarion Nov. 24,			Prince George	
24	4. FUNERAL DIRECTOR COller	Carte 8434 Georgie	a Ave. 25a. REC'D BY		STRAR'S SIGNATURE
171	Glen Carter	5.7	DATE N	OV 28 1956	I marked horas

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physteian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

15989	CERTIFICATE	OF DEATH		4 5 0 ft 9
	CENTITICALE		1 (1)	19891
o. COUNTY		o. STATE	b. COUN	on: Residence before odmission)
b. CITY OR TOWN (If outside corporate limits.	MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	LANCE With With PULL	MONTGomery
write RURAL and give pearest town)	2 weeks		-	AL ond give neorest town,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS	Spring	l e. IS RESIDENCE
111 0	ver Spring		Beor GIA	AVR. YES NO X
B. NAME OF () First DECEASED (Type or print) () '\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Middle M.	Welles, 4.	DATE Mont OF DEATH Nove	h Doy Year
S. SEX 6. COLOR OR RACE 7. MARRII	ED ** NEVER MARRIED   8	5 30 01	9. AGE (In years lost birthday)  6 yrs.	Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done luring most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY I+RO	11. BIRTHPLACE (County & Sto	ote, or foreign country) Nev	
3. FATHER'S NAME	7720	14. MOTHER'S MAIDEN NAME		
Not KNOWN		Not KNOWN		
		NFORMANT  SALD H. WELL	9326 Address SACKSON	PRESSUROS DR.
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:			CIDENT	INTERVAL BETWEEN ONSET AND DEATH
332 A DUE TO				
Conditions, if ony, which gove ) (b) B	ASILAR ARTE	RY THRO	m Bosis	16 DAYS
rise to immediate couse (o), stoting the underlying couse			15 W	
	EBROVASCULAR	ATHEROS	CLEROSIS	UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
ATHEROSCLEROTIC	- HEART	DISEASE		YES NO
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor 20c		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
p.m. 19 of v	work of work	ory, street, office blog., etc.)		
21. I certify that (I) (this hospital) att	tended the deceased fram <u>S</u>		5 , to NOV 8	
	819/26, and that	death accurred at2.	M, fram causes	and an the date stated above
220. SIGNATURE Edward G. Be	ceman M.	771101	ECTOR L PHYS. L	22b. DATE SIGNED WOV 8, 1966
22c. PHYSICIAN'S NAME (Type) EDWARD A	A. BEEMAY	22d. ADDRESS 101 514	5 SPRING VER SPRI	YE MD.
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn), (County) (State)
REMOVAL (Specify)	FRIPPAY ME	NIL (HARPENS	1-AIRFAX	LOUNTY UA.
	N F DORESS RAY K	2So. REC'D BY	REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removel, and many event, within 72 hours after deafth.

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VR A15 (4) 20 M 1/66 200 Later the production of the pr and the said of the latter begins and the san gifted their 

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15990
CERTIFICATE OF DEATH
15992

2000	2000
1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c, LENGTH OF STAY IN 1b	Maryland Montgomery
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town
Spencewille  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Spencerville /5 / d. STREET ADDRESS I. B. IS RESIDENCE
16301 New Hampshire Avenue	ON A FARM?
3. NAME DF First Middle	
(Type or print) Suckebbe Isabel Stabler W	Last 4. DATE Month Day Year OF DEATH November 25 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
Temale White WIDOWED DIVORCED	June 18, 1900 66 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Washington, D. C. U.S.A,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Stabler	Lena Janney
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17.	INFORMANT C Address DA
No None yes Mr.	. L. Stuart Wesley Springfield, Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) / MUTICALO PILE	unionea 5-DAYS
DUE TO CALL	
conditions, if any, which gave rise to immediate (b) Welliw Clerelliania	Breast widespread me his history 4 yes.
cause (a), stating the DUE TD	
e underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
One ADDIDENT WAS UNDERLYING TO	YES NO 🔀
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC   4 Hour a.m.   While   Not While   factor   at work   19	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1964 19 to 1/25/66, 19 that (I) (we'll last
	death occurred at 130 A M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED /
Meury Treegs Me M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.   11/25/66
22c. PHYSICIAN'S HENRY CI SCRUGGS MD	54/3 Cedar have Bethesda md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Cremation Nov. 28, 1966 Port Pincoln (	Prince Georges Co., Md.
ADDRESS ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Darner & Dumphrey Inc Silver Spring	ing Mobate DEC 1 1966 Acharles Judge
The state of the s	, <u></u>

VR AI5 (4) 20M 1/65

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•	A COMPANY OF THE PARTY OF THE P		
	A Secretary Laboratory		
And the	a man the total		
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	According to the second		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)		15991			CERTIF	ICATE	OF DEATH		15	993
		COUNTY MOT	ntgomery		MARY	LAND	2. USUAL RESIDENCE o. STATE D. C.	Where deceosed lived, if inst	itution: Residence OUNTY	before odmission)
	ł	o. CITY OR TOWN ( write RURAL on Bett	If outside corporate limit d give pearest town)	s,	c. LENGTH OF STAY IN 92 days	V 1b		utside corparate limits, write ngtoln, D. C.		473
10	(		al or institution (if no urban	ot in haspital, g	ive street oddress)		d. STREET ADDRESS 2500 Wi	sconsin Ave.	, N. W.	e. IS RESIDENCE ON A FARM? YES NO
1	[	NAME OF DECEASED Type or print)	CLAR:	ENCE	Middle B.		Lost WHA LEY	OF NOVE	onth ember 8,	Doy Year 19 66
	5. 5	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		1/4/1901	9. AGE (In years	) Months D	loys Hours Min.
	1Do. duri	USUAL OCCUPATION mg most of working Retired	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY Wyer			y & Stote, or foreign country) gto/n, D. C.	12. CITIZE COUN	EN OF WHAT
	13.	FATHER'S NAME Frederi	ck Whaley				14. MOTHER'S MAIDEN Lucy B. U			
		WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	SOCIAL SECURITY NO.		FORMANT	an L. Helm-	ddress - See I	tem #2.
		Conditions, if ony rise to immediat stating the underlost.	e couse (o), DUE	TO Rela (b) TO Pulm	nonary emph	nary nys <b>e</b> m	insufficiena, severe			onset and death y days yeart
2	ATION		opneumonia			ATED TO TH	IE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WA				CURRED. (E	inter noture of injury in	Port I or Port II of item 18.		
	MEDICAL	Hour o. p.	m. 19	While of work		focto	OF INJURY (Home, for ry, stre <del>et, office bld</del> g., etc	) / 1		
		21. I certi saw the d 220. SIGNATURE		spital) attend	ded the deceased 7_1966, c	fram and that M.D	death accurred a	19/6, to 10/10/11/11/11/11/11/11/11/11/11/11/11/1	es and an the	U.V 66
1		22c. PHYSICIAN'S NAME (Type		7	Clapp	MI	22d. ADDRESS 4746 C	heuy chase	Oh.	houy chase
	230	BURIAL, CREMATI REMOVAL (Specify Buria	ON, 23b. DATE TH		23c. NAME OF CEME			23d. LOCATION (City o		ounty) (Stote)
	24	FUNERAL DIRECTO	of o S	)	ADDRESS	0		D BY REGISTRAR 25b		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66 Care and the community of the part of the care of the

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VS A15 (4) 15M 9/55

# 15992

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Montgome	y y y		MARYL	AND	2. USUAL RESID o. STATE Mary		ere deceased	b. COUNTY	tgome		re admiss	sion)
	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b		the second second	utside corpor	ote limits, write R			orest town	n)
Olnev	eoresi iownj		1 day		Rock	ville				13	5.1	
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street			d. STREET AD	DDRESS					e. IS RES	IDENCE
	ry General	Hosp	oital		305	Linco	ln Ave	nue				FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mon	th	Do	ly	Year
(Type or print)	Leo	la			William	S	OF DEATH	Novembe	r 18	8,		19 66
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		8. DATE OF BIRTH			9. AGE (In years lost birthday)			IF UND	ER 24 HRS.
Female	Negro	WIDOW	ED EX DIVORCED		5/10/87			79 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind af work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	CE (Stote o	or foreign co	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
	sing life, even if retired	,			Mar	vland					USA	
13. FATHER'S NAME		11			14. MOTHER'S	MAIDEN N			1		0,022	
Reuber	Hill				Car	rie	Blair	7				
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	NFORMANT			Addi	ess			
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)			Medical :	Record	de	0.1	nev.	Man	vlan	a
OBSTRUE  20g. ACCIDENT WAS OR CONTRIBUTING OF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. jt.	mmediate the under:	DITIONS CO. DESCORE 20d. III	CRIBE HOW INJURY OC	TH BUT CURRED	SCLEANO RELATED TO	COS. THE TERMIN THE TE	NAL DISEASE  AP -  ort I or Port	SEN 2 CONDITION GIV ABSENT II of item 18.)	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED? NO [
21. I certify the alive on	or I attended the	Lewis	and that a	^	occurred at		DDRESS (Str	the causes a set, city or town,	nd an t	he da	te state	ATT SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL		66	Lincoln					ON (City, town, o			(State	e)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'D	8Y REGISTR	AR 24b. REGIS	TRAR'S SI	GNATU	RE	
Anowden	Lun Hon	e ·	Rockville	, M	a.	DATE	NOV :	2 3 1966	00	lean	les 1	udge.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MA	1/		10000		CERTIFICAT	E OF DEATH		1539	.)
the death certificate be executed within 24 haurs after death	and degith			PLACE OF DEATH				here deceosed lived, if instituti		dmission)
P J	funeral l and rer degit	180		Mont gam	0 0 1 1	MARYLAND	o. STATE	b. cour	ont com	OPIA
offe	s. Pages 1 or hours after or			o. CITY OR TOWN (If outside porporate lin	nits, / c. LEt	NGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporate limits, write RUR		
ULS	Par	131	(	write RURAL and give nearest town)	eina		Sih.101	a Corina	77 7 1981 3	15.1
ha	C S -			NAME OF HOSPITAL OR INSTITUTION (IN		eet oddress)	d. STREET ADDRESS			S RESIDENCE
24	filled pape thin 72	19		daly Cras	s dack	1-01	16051	Bonida A	124 YES	ON A FARM?
thin	1 fil	400		NAME OF	First	Middle	Lgst	4. DATE Mont	h Doy	Year
<u> </u>	carban papers ant, within 72 h	100		DECEASED Type or print)	i am	N. U	); lliams	OF DEATH / /	29	1966
Jted	campletely ave carbar y event, wi		S.			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		UNDER 24 HRS.
xecı				y W	WIDOWED 🔽	DIVORCED	10-3-8	Slast birthdoy) yrs.	Months Doys	Hours Min.
9	and rem			USUAL OCCUPATION (Give kind of work do			11. BIR HPLACE (County &	State, or foreign country)	12. CITIZEN OF W	HAT
te b	ician (lease and in		dur	memost of working life every if retired	D) INDUSTRY	KNOWK	D.C.		COUNTRY	9
fica	V-0	473	13.	FATHER'S NAME / // LL I AM	HENRY W	KLIAMS	14. MOTHER'S MAIDEN NA	AME HOWA K	ESENGAR	ON C
erti	Ing physical removal,			CINKNOON	)		LINK	NOULU		
4	e e	4		WAS DECEASED EVER IN U.S. ARMED FORCE		SECURITY NO. 17.	INFORMANT	Addre	ss	(
dea	attend permit. an, ar r			s, no, or unknown) ((If yes give wor or doto		nowa? 1	). Dillan	mi R.D. (	- Rapa	
he	(1) ±		Ħ	1B. CAUSE OF DEATH (Enter only one						AL BETWEEN
that 1	by the transit cremat			PART I. DEATH WAS CAUSED BY:	SE (0) C A	man	it hove	whores	ONSET	AND DEATH
s th	77 1 -			4/ 1/2 /	UE TO				82	7
uire	signe burial burial			Conditions, if ony, which gove	(b)					
req		4.47		rise to immediate couse (a), stating the underlying couse	UE TO					
Wo	as the priar ta	75		lost.	(c)					
hel		144	N	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. W/	AS AUTOPSY RFORMED?
1: T	icate h for use Health	0	CERTIFICATION	Jene	raly	darler	roschle	voris.	YES	
A		83	RIE	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CALLSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCURRED	. (Enter noture of injury in Po	ort I or Port II of item 18.)		
YSIC	certif hed pt. af		IL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
Ha	of the cert of the		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.			ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	2Df. (City or town)	(County)	(Stote)
S	e de orte		×	p.m.	9 of work	ot work				
5 5		-		21. I certify that (1) (this h		ne deceosed from	5/c (Co Co , 19	, ta 16/2-9/	<u>~6,</u> 19, that	
LIE	Sel t	46		saw the deceased alive on	11/29/66	19, and th	at death occurred ot	M, from couses	ond on the date :	
A	DIRECTOR: / ge 3 shauld led with the			220. SIGNATURE	a	, 00.	ATTENDING M	MED. STAFF	22b. DATE SIGNED	111
0 4	ge ge			22c. PHYSICIAN'S	jacore	TO 4 N	I.D. PHYS. L.D. D	DIRECTOR L PHYS. L	114211	les .
ITA	A be	1		NAME (Type) PATRICE	JAME.	SON	117180	reorgia 8	che fu	ing.hi
Pone 4 may	TO FUNERAL DIR director, page should be filed		230	BURIAL, CREMATION, 23b. DATE	THEREOF 23c	NAME OF CEMETERY OF	COSMATORY	23d. LOCATION (City or To	wn) (County)	(Stote)
O HO	dire sho			REMOVAL (Specify)			SHINGTEN	RIEGS ROEXTO	ikens ou	1 . 11
2	- 2.3	0	24	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR   2Sb. RE	GISTRAR'S SIGNATURE	0 1
	VR A15 (4)	18		1. I let. Pelman	01 TOM 5	11,000 500.	ING MAD OF	7000 4000	Or Jamesa.	Julas

300 B.C

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

19	994		CERTIF	ICATE	OF DEATH			1	09;	折	
o. COUNTY					2. USUAL RESIDENCE (V		osed lived, if institut b. COU	rion: Residen	ce before		
	· · · · · · · · · · · · · · · · · · ·		MARY				. P. S. S. BH		0	v	
b. CITY OR write R	TOWN (If outside corporate limits CURAL and give nearest town)	lney	c. LENGTH OF STAY IN	N Ib	Gaithers		rote limits, write KU	KAL ond give	5.1	r rown)	
d. NAME C	OF HOSPITAL OR INSTITUTION (If no	t in haspital, o	give street oddress)		d. STREET ADDRESS					e. IS RESIL	DENCE
	ntgomery Genera				Rt.3					ON A F.	NO X
B. NAME OF DECEASED (Type or p	Geor		Middle Washing	ton	Wilt	4. DATE OF DEATH		<b>7</b> •	Doy 15	19	66
S. SEX Ma	le 6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		2-19-24		9. AGE (In years last birthdoy) 112 yrs.	Months	Doys	Hours Hours	Min.
Oo. USUAL OO luring most o	CUPATION (Give kind of work done f working life, even it retired)		IND OF BUSINESS OR IDUSTRY		Virginia	& Stote, or f	oreign country)	12. CI CO	TIZEN OF UNTRY?	WHAT	
13. FATHER'S	NAME				14. MOTHER'S MAIDEN I		lt				
15. WAS DEC	EASED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. H	NFORMANT		Addr	ess			
(Yes, no, or ur	nknown) (If yes give wor or dotes o	service)		Mor	ntgomery Gen	n.Hos	pital	Olne	v.Mo	3.	
rise to it stoting to lost.	IMMEDIATE CAUSE DUE ns, if ony, which gove mmediate couse (o), the underlying couse	TO My TO A C	seardial.	0	iction wit.		ral throm.	bus	//	o da	rys
PART II.	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELI	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIV	/EN IN PAKT I(0)			PERFORM ES	NO E
OR CONT	IDENT WAS UNDERLYING  RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	20b. DB	SCRIBE HOW INJURY OC	CCURRED. (	Enter noture of injury in	Port i or Po	ort II of item 18.)				
20c. TIN	ME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. I While at wor			E OF INJURY (Home, form pry, street, office bldg., etc.)	)		(Co	unty)		(Stote)
	I certify that (1) (this has v the deceased alive on_	pital) otten	ded the deceased 14 1966,	from and that	11-5-661 death occurred of	2 <del>:30</del> a	to //-/5 M, from couses		he dot	te state	
22, 19	GNATURE	als Man	y it min	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. C	22b. D	_	. 15,	766
23o. BURIAL,		REOF	23c. NAME OF CEME Forest		CREMATORY	1 23d I	OCATION (City or Jo	nwn)	(County	11	Stote) Md
24. FUNERA			rtnerADDRESS	esn	MAS	D BY REGIS		EGISTRAR'S S	SIGNATUI	RE	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		15995	CERTIFICATE C	OF DEATH		5997
	(	PLACE OF DEATH O. COUNTY MONTGOMERY	L MARYLAND	o. STATE md	eceosed lived, if institution: Resi b. COUNTY &	mont.
	-	b. CITY OR TOWN (If autside corporale limits, write RURAL and give notices (lown)		ROCKUI	rporate limits, write RURAL ond	15.1
0	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		STREET ADDRESS MO	nece St	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) CLOR C	Middle Win		ATH //- 2	Day Year
	S. S	WIDOWED X	DIVORCED   /-	21-1878	birthdoy) Month	
	duri	ing mast of working life, even if retired) INDUS		1. BIRTHPLACE (County & Stote,	or fareign gountry) 12	COUNTRY L. S. C
		FATHERS MAME Hall	THE SECURITY NO. 1.17 INFO	M. MOTHER'S MAIDEN NAME	C. Pyles	5
	(Ye	es, na, or unknawn) ((If yes give war ar dates of service)		Paul F. Wire	- son- 11 Wa	11 St;
		18. CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebal Tufu	refun		ONSET AND DEATH
		Conditions, if any, which gave hise to immediate couse (a),	ruhal Th	rulous		48hi
		stoting the underlying cause (c)	nebral Cé	Huosele	rosie	15 mgs
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	myrandin	1 Infund	L	19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING 🗖 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED. (Ente			10
	MEDICAL	Hour a.m. While p.m. 19 at work	Not While factory, s	street, affice bldg., etc.)	20f. (City or town)	(Caunty) (Stote
		21. I certify that (I) (this haspital) attended saw the deceased alive an		eath/accurred at	M, fram causes and a	n the date stated ab
		22c. PHYSIGAN'S AMALIA AMALIA	m.D.	ATTENDING MED. PHYS. DIRECTI	STAFF -	11/26/6
	230	NAME (Type Stephen Jo	nes	ROCKU	d. LOCATION (City or Town)	(Calinty) (State)
18	•	REMOVAL (Specify) 11/29/66	STOCKUILLO HEADDRESSE	2So. REC'D BY RE	ROCKVILLE.	Md
		Just of Williams	1111 011411	/ //	· unha mal	. 1. 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attention and sampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 end should be filed with the State Dept, of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15996	CERTIF	ICATE OF DEATH		15998
Ī	. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution: b. COUNTY	
	· Monigonery		VLAND MAG		10N/gomery
П	b. CITY OR TOWN (If autside corporate Im- write RURAL and give negrest fewer	c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If out	side corporote limits, write RURAL	ond give nedrest town)
L	SILVER SPRI	Ng	DITUCK	2 SPRING	15 -1
	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM?
8	Noly CROSS	7-1	733 2/10	10 the	YES NO
3	B. NAME OF ODECEASED (Type or print)	First Middle  MINNIE S	R WOOD	4. DATE Month OF NO V	
	6. COLOR OR RACE	7. MARRIED NEVER MARRIED			Onths Doys Hours Min.
	F W.	WIDOWED DIVORCE		16 yrs.	10 0777711 07 191147
	Oo. USUAL OCCUPATION (Give kind of work dor luring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	Retired	Clerk	Virgi		USA
	13. FATHER'S NAME	lon	14. MOTHER'S MAIDEN N		
	Stephen I. Bote		Susan A.	Address	Md
	1S. WAS DECEASED EVER IN U.S. ARMED FORCE: (Yes no, or unknown) (If yes give wor or dote	s of service) 704-14-125			nett Ave, S.S.
=			Wall D. Talle.	5y-10014 D1W	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	111 Inti	ined another	aneury can	ONSET AND DEATH
	451 X IMMEDIATE CAUS	UE TO			7+
T	Conditions, if ony, which gove	(b) arter	wellerte a	ortec avery.	con 3 Tyro.
S	rise to immediate couse (o), stating the underlying couse	UE TO			
	last.	(c)			
100	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING   CONTRIBUTING CAUSE OF DEATH  (IE STYLED NOTICE MOTIVAL)	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in P	ort I or Port II of item 18.)	
	III LITTLER, NOTH I MEDICAL LAAMINER!				
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	9 20d. INJURY OCCURRED While Not While of work at work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	, 20f. (City or town)	(County) (Stote)
	21. I certify that (1) (this h	aspital) attended the deceased	fram_/100. 15,1	966, to 10015	_, 19 <u>6</u> c, that (() we) las
	saw the deceased alive an	New 15 1966,	and that death accurred at	315 PM, fram causes an	
	220 SIGNATURE	eman MD.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S TAMES	R.COLEMAN.	22d. ADDRESS	9241 COLUMB	PRING MG.
-	230. BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	Burial 11/1	7/66 Fort Li	ncoln Cemeter	y Colmar Mano	or Maryland
	24. FUNERAL DIRECTOR	ADDRESS	C' 2So. REC'D	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE"
6	J. Wm. Lees Sons	Washingt	on DC DATE	UV 18 1966 /	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fugeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death.

certificate be executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital or attending physician.

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and 2 death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth.

MARYLAND STATE DEPARTMENT OF HEALTH

1019 1919 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH 15999

a. CDUNTY	Montgomery	MARYLAND			stitution: Residence before admission)  NTY Montgomery
b. CITY OR TOW Write RURAN Silver	VN (if outside corporate limits, and give nearest town) Spring	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Silver	outside corporate limits, w Spring	rite RURAL and give nearest town)
d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	gnolia Lane		1300 Magno	olia Lane	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Joe XX	XXXXX WesleyWo	Last odward	4. DATE Mont	
5. SEX Male	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months   Days   Hours   Min.
rial e	MIDOWEL	DIVORCED [	April 9, 19	20 46 yrs.	mondis bays from a min.
Semor Cu  13. FATHER'S NAM	stom Engr. 941	KIND OF BUSINESS OR INDUSTRY  Expational Business	iness Some		y) 12. CITIZEN OF WHAT CDUNTRY?
	dward		Fern Spang	iler !	
	EVER IN U.S. ARMED FDRCES? 16 (If yes give war or dates of service)	. SOCIAL SECURITY ND. 17.		L300 Addre	agnolia Lane
yes	WW 11 1	66-14-3205 N	aomi S. Wood	lward Silver	All
	DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY: BY	onchiogenic	carcinom	9	2 months
162	,	J			
Conditions, If	any, which ) (b)				
gave rise to cause (a), s	Immediate (				
underlying cau	stating the				
PART II. DTHER  PART II. DTHER  20a. ACCIDENT DR CONTRIBUT O(IF EITHER, NO	SIGNIFICANT CONDITIONS CONTRIB	DUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND
	WAS UNDERLYING   20b. ING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	injury in Part I or Part II o	of Item 18.)
Hour a.		Not While facto	ACE DF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
	fy that (I) (this hospital) attend		1950 , 19	to November 2	28, 1966, that (I) (we) last
saw the de	ceased alive on November	r 24 1966, and tha	t death occurred at.	M, from the causes	and on the date stated above.
22a. SIGNATU	RE AN NO	AFD OTAFF	22b. DATE SIGNED		
Be	unel Gilbert	w/h.48. M.I	D. PHYS.	MED. STAFF PHYS.	November 28, 1966
22c. PHYSICI NAME (T	AN'S Bennet A.	Porter Jr. M.i	22d. ADDRESS 9301 Coles	ville Rd., Silve	r Spring, Md.
23a. BURIAL, CREE REMDYAL (Sp	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		Rockville, 1	own or county) (State) Maryland
24. FUNERAL DIR		ADDRESS			EGISTRAR'S SIGNATURE
Clark E.	Wisor land 6.4		ia Ave.	OV 3 0 1966	Milanles Judge
Wanner S	Dumphrey Inc	Silver Sor	MUDATE N	0 4 0 0 1000	

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Social Box 1, 1966 Physlena Canaling

hinemet . I general, Smc. Sidner Speine, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE DF DEAT     a. COUNTY	ГН			11:	2. USUAL RESIDENCE a. STATE		eased lived, If Instituti	ion: Residen	ce before admission)
	gomery		MARYLANI		I11	inois			V
b. CITY OR TOV write RURA	WN (if outside corporate lim L and give nearest town)	its,   c. L	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	outside corp	porate limits, write R	URAL and g	(Ive nearest town)
Beth	esda		7 Days		Peoria			51.	. 3
d. NAME OF HO	OSPITAL OR INSTITUTION (IF	not in hospita	al, give street addre	ess)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	cal Center, Be	thesda		and	1914 West				YES NO X
3. NAME DF DECEASED	First		Middle		Last	4. DATE	Month	Da	
(Type or print)	Richa	rd	Eugene		Yocom	DEATH	Novembe	er 29	19 66
5. SEX	6. COLOR OR RACE 7. M	ARRIED 1	NEVER MARRIED X	]   8.	DATE OF BIRTH	9.	AGE (In years   IF UI	NDER 1 YEAR	
Male	White w	DOWED	DIVORCED	1 10	O April 194	5	21 vrs.	ths Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done	10b. KIND C	OF BUSINESS OR		11. BIRTHPLACE (COL	unty & State,	4 1	2. CITIZEN	OF WHAT
Drill Ope	king life, even If retired)	INDUST	rry struction		Illinois			COUNTR	
13. FATHER'S NAM		00113	SOLUCOLON	11	4. MOTHER'S MAIDE		1	0.0	732
W11D	ur E. Yocom  EVERINUS, ARMED FORCES	2   10 000	AL CEOUDITY NO. I	12 (8)	Betty				
	(If yes give war or dates of servi	ce)			FORMANT The M				
Yes	1963 - 66	Not A	Available	The	Clinical C	enter	, Bethesda	14, M	laryland
The second second second	DEATH [Enter only one cau	se per line fo	or (a), (b), and (c).]						ERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Lymph	osarcoma (	Bur	kitt's type	e)		3	Months
200.1	DUE TO								
Conditions, If									
gave rise to	Immediate (								
cause (a), s	stating the								
	SIGNIFICANT CONDITIONS C	ONTRIBITING	TO DEATH BUT NOT	DELATE	D TOTHE TERMINAL DI	SEASECON	DITION GIVEN IN PART	1(a)  19	. WAS AUTOPSY
ATIO	Significant constitutions of	SITTRIBUTING	TO DEATH BOT NOT	KELNIE	D TO THE TERMINAL DI	IS EASE GOIL	DITION GIVEN IN TAKE		PERFORMED?
2		201 200							ES NO
CR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR	TIBE HOW INJURY O	OCCURR	ED. (Enter nature of	injury in Pa	art I or Part II of Ite	m 18.)	
	INJURY Month, Day, Year	20d. INJURY	Y OCCURRED   20e.	PLACE	OF INJURY (Home, far	m.   20f.	(City or town)	(County)	(State)
20c. TIME OF Hour a.				actory,	street, office bldg., et	c.)	(010) 01 101111,	(000	
	.m. 19								
21. I certi	ify that () (this hospital)	attended th	e deceased from.	22	November, 19	66 , to_	29 November	19.66, t	hat N) (we) last
	eceased alive on 29 No	venber	1966, and	that d	eath occurred at 3	42 M, fro			
22a. SIGNATO	TRE!	/1/			ATTENDING - M	A.M.	STAFF 221	b. DATE S	IGNED
//	Tarlin H.	( Then	140	M.D.	PHYS. D	IRECTOR L	PHYS. X 2		. 1966
22c. PHYSICI NAME (I					22d. ADDRESS Na	ationa	l Institute	es of	Health,
Torring 4	Martin H.	Cohen	, MD.		The Clinic	cal Ce	nter, Beth	esda ]	4. Md.
23a. BURIAL, CREI		EOF   230	c. NAME OF CEME	TERY O	R CREMATORY	23d. LO	CATION (City, town	or county)	(State)
Burial et	ransit 11-30	0-66 I	Fairlawn	Ce	metery	Dec	catur, Il	lino	is
24. FUNERAL DIR			ADDRESS				STRAR   25b. REGIS	TRAR'S SIG	NATURE
6.1.4	18.11. plr.	Bet	chesda, N	Mary	yland	ECE	1966 80	liarle	es judge
proces.	a perfective	-6/			DATE	Erg.	1000		-0-

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1:	5999			CERTIF	ICATE	OF DEATH			1600	11	
1. PLACE a. COU		ntgomery		MARY	LAND	2. USUAL RESIDENCE (V				e befare	admissian)
	OR TOWN (I	autside carparate limit	is,	c. LENGTH OF STAY I		c. CITY OR TOWN (If ou	itside corporot	e limits, write RU	RAL and give	nearest	tawn)
		give neorest town)		7), Dans		Un a h d m art	~ D C			4:	7.3
		(rural) LOR INSTITUTION (If n	at in haspital,	14 Days give street address)		d. STREET ADDRESS	OH D.C	e e		0.	IS RESIDENCE ON A FARM?
U.	S Nav	al Hospita	1			4545 Conne	cticut	Ave. Ar	ot.621	Y	ES NO
3. NAME	OF		irst	Middle		Last	4. DATE	Man		Day	Year
(Type o	or print)	William		Southgate		Zane	OF DEATH	Novemb	ner	20	1966
s. SEX		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9.	AGE (In years	IF UNDER 1	YEAR	IF UNDER 24 HRS
Male		Cauc.	WIDOWED	DIVORCED	J	une 9,1884		last birthday) 82 yrs.		Doys	Hours Min.
		(Give kind af wark dane ite, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County			12. CITI COU	ZEN OF NTRY?	
	USN ER'S NAME					Washingto				US	A
		W 7-ma			90			outhorte			
IS. WAS I		M V.Zane R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	e Tell 2	outhgate			
	or unknown)	(If yes give war or dates	of service)	3 09 7000	153	ud Jan Wama Jr	ELE CO	A	Unabel	n art a	m TY
Yes	CAUCE OF DE	WW 1 and		3-28-7290	1 2	mily Zane 4	545 GO	nn.Ave.,	Washi		RVAL BETWEEN
		ATH (Enter only one co H WAS CAUSED BY:	Λ		-+-	andia mass	mlan i	34	4 m		ET AND DEATH
1	1/221	IMMEDIATE CAUSE	(-)	reliosciel	0016	cardio vaso	sular (	Tracase	Ttt		717
Condi	1221	DUE	10			failure					
rise to	o immediate	which gave couse (a),	(p)								
statin	ng the under										
last.			(c)								
PART	II. OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN	I IN PART 1(a)		1	WAS AUTOPSY PERFORMED?
20a. A OR CO	ACCIDENT WAS	HAIDEDI VIAIC I	I ont n	SCOURT HOW INHIBY OF	CCURRED (	Farm and the of the transit	Dank I as Dank	II of them 10 \		TE	NO [
OR CC	ONTRIBUTING	UNDERLYING   CAUSE OF DEATH	205. U	ESCRIBE HOW INJURY OF	LCUKKED. (	Enter nature of injury in	ron i or ran	ii of item 18.)			
		MEDICAL EXAMINER)	204 1	NJURY OCCURRED	20. DI AC	E OF INJURY (Home, form	n, 20f.	(City or town)	· (Cour	ntv)	(Stote)
20c.	Hour o.m			41 - 410 -1		ry, street, affice bldg., etc.)		(City of lowil)	(000)	1177	(21016)
	p.m		While at wor	k L of work L						_	
2	21. 1 certif	y that (I) (this has	spital) atten	ded the deceased	from_N	ov. 8,1	1966_, to	Nov. 20	196	6, the	at (I) (we) le
		ceased glive an N	ov.20	19_66,0	and that	death accurred at	940_pM	, tram causes			
22a.	SIGNATURE	ALCO	2	_0(	) M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA		1966
22c.	PHYSICIAN'S NAME (Type)	F. H. O'C	ONNELL	M.D.	1000	22d. ADDRESS		al, Beth			
- nital					TERV OC 1						
Z3a. BURI REM	IAL, CREMATIO BYAL (Specify)	N, 23b. DATE TH		23c. NAME OF CEME	ton	National	Ar1	ATION (Gity or To ington,	Virgi	County)	(Stote)
		Joseph Ga	wler &		,		D BY REGISTRA		GISTRAR'S SIG		
		asin Ave			D.		NOV 2				. 0 1

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove corbon papers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. Poge 4 moy be retained by the hospital or ottending physician.

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	28 miles in 28 miles	L. volt		02.		1
C YOU						

red F. H. O'CCARETO, 1.D. Movel Receivel, Beinges, Md.

Arlings a Medicant Artington, Virginia Maria A Latino Latino

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301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

16000 FOR STATE

> Five pages 1 and 2 with the State Department of Heolth or its designoted agent, prior to burial, cremation, or removol, and in any event within 72 hours ofter death.

deloy is

PM3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 to

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-tronsit permit.

the funeral director. Page 4 should be forwarded to the Chief Medical Expansion's Office along with form

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the ward "pending"

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16002

	1. PLACE OF DEATH  B. COUNTY  COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE b. COUNTY The following the content of the content	
1	b. CITY OR JOWN (If outside corporate limits.   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town)
	Berthesda BAMIN	Bethesda	15-1
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	>uburban Hospital	4542 Man Gomery HUE.	YES NO
	3. NAME OF DECEASED (Type or print) Beerg & Lawson	Ziesler OF DEATH IVOU	Doy Year 10- 1966
	5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	8. DATE OF BIRTH  9. AGE (In years IF UNDER Months)  Months	Days Hours Min.
f	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OR		TIZEN OF WHAT
	during most of working life, even if retired)  Illustrator  INDUSTRC.E.I.	California.	U-5.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Gill Ziegler	Gladys A. Lawson	
	(Ves no or unknown) (If we give wor or dates of service)	NFORMANT Mother Same as Ite	em 2.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Herm of There	Lett- Massive-	INTERVAL BETWEEN ONSET AND DEATH
9	970 X DUE TO		15 Min
Ì	rise to immediate couse (a), ( Dur 10	111.07 21143	7
	stating the underlying couse (c)		
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	PRIMARY AUGUST CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port 1 or Port 11 of item 18.)  Chest-22 Cal. Revolver-	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	unty) (Stote)
	21. I certify that I took charge of the remains described above, he	ld an Autapsy 🔀 , Inspection 🔀 , Inquiry 🔀 ,	ond in my opinion
	death resulted from: Natural causes , Accident , Suici		
	ACTUAL SIGNATURE John S. Ball	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   X/A// 12	22. DATE SIGNED
	EXAMINER'S TOTAL C DATE	DEDUTY MEDICAL EVANINED TO	
-	NAME (Type) JOHN G. BALL	Address (Street, city, town, or county) Bethesd	
	236. BURIAL, CREMATION, REMOVAL (Specify)  Burial 23b. Date thereof 23c. Name of cemetery or of Arlington Name of Comments of		(County) (State)
1	24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
1	ROBERT A. PUMPHREY, Bethesda, Mary	yland DATE NOV 17 1966 fclic	res Judge

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate Page 4 may be retained by the hospital or ottending physician.

1	1600		CERTI	FICATE OF DEATH		16003	
- 1.	o. COUNTY	ntgomery	. ≪ MAR	O STATE	Where deceased lived, if institution b. COU	otion: Residence before admission)  UNTY	
	b. CITY DR TDWN	(If outside corporate limits			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	write RURAL ond give neorest town)  Bethesda(rural)  3 Days			Ant	Annadale 833		
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)			d. STREET ADDRESS			
	U.S.Naval Hospital				7125 Dale Court YES N		
3	3. NAME OF DECEASED	Fi	rst Middle	Lost	4. DATE Moi		
L	(Type or print)	Emilie	Danculovic	Zimmerman	DEATH Nove	mber 18 19 66	
S	S. SEX Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	<u> </u>	9. AGE (In years lost pirthdoy)	Months Doys Hours Min.	
Н	XXXXXX	Cauc	WIDOWED X DIVORCE	D ☐ March 4,19:	12 54 yrs.	Months boys Hours Man.	
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (Count	11 RIPTHPLACE (County & State or foreign country) 12 CIT		
I-	Secretarial U.S. Navy Dept.			Ohio	ALAME	COUNTRY?	
F	13. FAIREK 3 NAME						
	Mark Danculovic				Anna Rudman		
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY ND. 17. INFORMANT 7140 Cone114ddB1vd.						
1	No No Milan Dancull Bedford, Ohio 44014						
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)					INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Subdural Hemotoma					ONSET AND DEATH	
	5 8 3 × DUE TO						
	Conditions, if ony, which gove ) (b) Severe Hepatic Decomposition						
1	rise to immediate couse (a),						
	stoting the underlying couse (c)						
	BAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BAST 1/(a) 19 WAS AUTOPSY						
20	S TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECALL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)					PERFORMED?  YES NO [	
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH						YES NO [	
151	20o. ACCIDENT W	AS UNDERLYING   G   CAUSE OF DEATH	205. DESCRIBE HOW INJURY (	OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)		
		Y MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF IN	JURY Month, Day, Yeor	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, for		(County) (Stote)	
ME	mour o	.m. 19	While Not While of work	foctory, street, office bldg., etc	.)		
	21. I certify that (I) (this haspital) attended the deceased fram Nov. 16 , 1966, ta Nov. 18 , 1966, that (I) (we) la						
	saw the deceased alive an Nov 18 19 66, and that death occurred at 130P M, fram causes and an the date stated above						
	220. DATE SIGNATURE						
	M.D. PHYS. DIRECTOR DIRECTOR PHYS.					Nov.20.1966	
1	22c. PHYSICIAN'S 22d. ADDRESS						
Н	NAME (Type) J.B. Emery MD USNH Bethesda, Maryland						
2	220 DIIDIAI CDEALAT					own) - (family) - desire	
2	23o. BURIAL, CREMAT REMOVAL (Speci	YY 230. DAIE IN	Ft. Line	In Crematory	Bladensbur	gwn) P. G (Courty) M(dote)	
L	230. BURIAL, CREMAT REMOVAL (Speci Cremat 1 24. FUNERAL DIRECT	on 21 Nov	.1966 Ft. Lines	ACTERY OR CREMATORY OLD Crematory Living Control Li	Bladen sour	SEGISTRAN'S SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

THE RESIDENCE OF THE PROPERTY OF THE PARTY O

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OI served S.T.

. No. 120 No. 1 (2) The contract of the contra

W. W. of miners School cheering St., 1. M.